

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jul 26, 2007 08:00 AM
Secretary of State**

DOCUMENT # N19846

1. Entity Name
ST. CLOUD CHAPTER #4001 OF AARP, INC.



Principal Place of Business
**% ETHEL T. YOUNG
1950 RUNNING HORSE TRAIL
SAINT CLOUD, FL 34771**

Mailing Address
**% ETHEL T. YOUNG
1950 RUNNING HORSE TRAIL
SAINT CLOUD, FL 34771**



07202007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
33-0177108

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE _____

**Filing Fee is \$61.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

1100000770640
07/26/07-80006-012 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BASSETT, MARIE 2484 LONGPINE LANE SAINT CLOUD, FL 34772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CLEMENTS, DIANA 1615 LOUISIANA AVE SAINT CLOUD, FL 34769
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEDDLE, PAULINE 2223 17TH STREET SAINT CLOUD, FL 34769
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERKINS, LOVELACE 1414 ALABAMA AVENUE SAINT CLOUD, FL 34769
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P YOUNG, ETHEL 1950 RUNNING HORSE TRAIL SAINT CLOUD, FL 34771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORAN, HELEN 7 WYOMING AVE SAINT CLOUD, FL 34769

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marie H. Bassett / MARIE H. BASSETT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/24/2007
Date

407-892-5662
Daytime Phone #