2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2009
Secretary of State

DOCUMENT# N19846

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 33-0177108 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	S	( ) Delete
Name:	BARTLETT, DOLCIE	
Address:	430 MICHIGAN AVE	
City-St-Zip:	SAINT CLOUD, FL 34769	
Title:	D	( ) Delete
Name:	WEDDLE, PAULINE	
Address:	2223 17TH STREET	
City-St-Zip:	SAINT CLOUD, FL 34769	
Title:	D	( ) Delete
Name:	PERKINS, LOVELACE	
Address:	1414 ALABAMA AVENUE	
City-St-Zip:	SAINT CLOUD, FL 34769	
Title:	P	( ) Delete
Name:	YOUNG, ETHEL	
Address:	1950 RUNNING HORSE TRAIL	
City-St-Zip:	SAINT CLOUD, FL 34771	
Title:	D	( ) Delete
Name:	MORAN, HELEN	
Address:	7 WYOMING AVE	
City-St-Zip:	SAINT CLOUD, FL 34769	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	T	( ) Change (X) Addition
Name:	BASSETT, MARIE H	
Address:	2494 LONGPINE LANE	
City-St-Zip:	ST CLOUD, FL 34772 US	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIE H BASSETT T 04/10/2009

Electronic Signature of Signing Officer or Director — Date