

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19846

FILED
Apr 06, 2012
Secretary of State

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

Current Principal Place of Business:

% FLORANCE STROUT
315 MISSOURI AVE
SAINT CLOUD, FL 34769

New Principal Place of Business:

Current Mailing Address:

% FLORANCE STROUT
315 MISSOURI AVE
SAINT CLOUD, FL 34769

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
Name: GRANDE, GLORIA
Address: 1999 SIR LANCELOT LANE
City-St-Zip: SAINT CLOUD, FL 34772

Title: D
Name: WEDDLE, PAULINE
Address: 2223 17TH STREET
City-St-Zip: SAINT CLOUD, FL 34769

Title: D
Name: PERKINS, LOVELACE
Address: 1414 ALABAMA AVENUE
City-St-Zip: SAINT CLOUD, FL 34769

Title: P
Name: STROUT, FLORENCE
Address: 315 MISSOURI AVE
City-St-Zip: SAINT CLOUD, FL 34769

Title: T
Name: MORAN, HELEN
Address: 7 WYOMING AVE
City-St-Zip: SAINT CLOUD, FL 34769

Title: VP
Name: COLINS, GAIL
Address: 229 MASSACHUSETTS AVE
City-St-Zip: ST CLOUD, FL 34769 US

I hereby 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 all other like empowered.

SIGNATURE: FLORENCE STROUT

P

04/06/2012

Electronic Signature of Signing Officer or Director

Date