

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90156 042 *****61.25

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Delete
NAME **LOVE, MARTHA**
STREET ADDRESS **1601 KISSIMMEE PARK ROAD**
CITY-ST-ZIP **SAINT CLOUD FL 34769**

TITLE **S** ☐ Change ☒ Addition
NAME **S. Marie Bassett**
STREET ADDRESS **6520 Bay Shore**
CITY-ST-ZIP **St. Cloud, FL 34771**

TITLE **P** ☐ Delete
NAME **CLEMENTS, DIANA**
STREET ADDRESS **1615 MISSOURI AVE**
CITY-ST-ZIP **SAINT CLOUD FL 34769**

TITLE **D** ☐ Change ☒ Addition
NAME **Catherine Tuttle**
STREET ADDRESS **1815 Pine Ct**
CITY-ST-ZIP **St. Cloud, FL 34769**

TITLE **D** ☐ Delete
NAME **WEDDLE, PAULINE**
STREET ADDRESS **2223 17TH STREET**
CITY-ST-ZIP **SAINT CLOUD FL 34769**

TITLE **V** ☐ Change ☒ Addition
NAME **Johns, Ramona**
STREET ADDRESS **5701 Sweetheart Ct.**
CITY-ST-ZIP **St. Cloud 34772**

TITLE **D** ☐ Delete
NAME **PERKINS, LOVELACE**
STREET ADDRESS **1414 ALABAMA AVENUE**
CITY-ST-ZIP **SAINT CLOUD FL 34769**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **YOUNG, ETHEL**
STREET ADDRESS **1950 RUNNING HORSE TRAIL**
CITY-ST-ZIP **SAINT CLOUD FL 34771**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **BASSETT, MARIA E**
STREET ADDRESS **2001 PINE STREET**
CITY-ST-ZIP **SAINT CLOUD FL 34769**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE REQUIRED *Ethel T. Young*

1/28/03

407-957-4516

CR2E037 (10/02)