2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2004 8:00 am
Secretary of State
04-06-2004 90019 006 ****61.25

DOCUMENT # N22518

1. Entity Name

STEINHATCHEE CHAPTER #4064 OF AARP, INC.

Principal Place of Business	Mailing Address
COMMUNITY CENTER HWY 51 STEINHATCHEE FL 32359 US	STEINHATCHEE AARP PO BOX 725 STEINHATCHEE FL 32359 US

MOORE CR2E037 (11/03)

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 33-0177064 ☐ 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

7. Name and Address of New Registered Agent

Name: VIRGIAL SHASSERE

Street Address (P.O. Box Number is Not Acceptable): 220 DUNCAN LANE

City: STEINHATCHEE FL Zip Code: 32359

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: Virgial Shassere VIRGIAL SHASSERE, TREASURE 3-16-04
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 Due By May 1, 2004

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FROW, JUANITA 907 RIVERSIDE DR SE STEINHATCHEE FL 32359	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD CHAUNCEY, CHAR 1606 FIRST AVE SE STEINHATCHEE FL 32359	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / STREET ADDRESS / CITY-ST-ZIP	SD PO BOX 485 STEINHATCHEE FL 32359	☒ Delete	TITLE / STREET ADDRESS / CITY-ST-ZIP	SD P. O. BOX 485 STEINHATCHEE, FL 32359 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SHASSERE, VIRGIAL 220 DUNCAN LANE STEINHATCHEE FL 32359	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C WILLIAMS, VENERA COUNTRY ROAD 398 SONA FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C GANTENBEIN, JUDY P.O. BOX 1022 Steinhatchee, FL 32359 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C CURTIS, SUSAN 1200 RIVERSIDE DR STEINHATCHEE FL 32359	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C BRAGDON, MARJORIE P. O. BOX 973 STEINHATCHEE, FL 32359 ☒ Change ☐ Addition

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: Juanita B. Frow JUANITA FROW, PRESIDENT 3-16-04 (352)498-5844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #