

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90089 035 *****61.25

DOCUMENT # N22518

1. Entity Name

STEINHATCHEE CHAPTER #4064 OF AARP, INC.



Principal Place of Business

COMMUNITY CENTER
HWY 51
STEINHATCHEE FL 32359
US

Mailing Address

STEINHATCHEE AARP
PO BOX 725
STEINHATCHEE FL 32359
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

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

SHASSERE, VIRGIAL
220 DUNCAN LANE
STEINHATCHEE FL 32359

7. Name and Address of New Registered Agent

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
Due By May 1, 2005**

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	FROW, JUANITA	
STREET ADDRESS	907 RIVERSIDE DR SE	
CITY-ST-ZIP	STEINHATCHEE FL 32359	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	CHAUNCEY, CHAR	
STREET ADDRESS	1606 FIRST AVE SE	
CITY-ST-ZIP	STEINHATCHEE FL 32359	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	GANTENBEIN, JUDY	
STREET ADDRESS	PO BOX 1022	
CITY-ST-ZIP	STEINHATCHEE FL 32359	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	BRAGDON, MARJORIE	
STREET ADDRESS	PO BOX 973	
CITY-ST-ZIP	STEINHATCHEE FL 32359	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	CURTIS, SUSAN	
STREET ADDRESS	1200 RIVERSIDE DR	
CITY-ST-ZIP	STEINHATCHEE FL 32359	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHASSERE, BUD	
STREET ADDRESS	P.O. BOX 401	
CITY-ST-ZIP	STEINHATCHEE, FL. 32359	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GANTENBEIN, JUDY	
STREET ADDRESS	P.O. BOX 1022	
CITY-ST-ZIP	STEINHATCHEE, FL. 32359	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLHEMUS, BUD	
STREET ADDRESS	P.O. BOX 405	
CITY-ST-ZIP	STEINHATCHEE, FL. 32359	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MC DOW, ANNA	
STREET ADDRESS	P.O. BOX, 589	
CITY-ST-ZIP	STEINHATCHEE, FL. 32359	
TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWELL, ELAINE	
STREET ADDRESS	P.O. BOX 959	
CITY-ST-ZIP	STEINHATCHEE, FL. 32359	
TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAXLEY, PAT	
STREET ADDRESS	P.O. BOX 1055	
CITY-ST-ZIP	STEINHATCHEE, FL. 32359	

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: **BUD POLHEMUS, TREASURER** **MAR 1-2005** 352-498-3793