

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90180 026 ****61.25

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03072006 Chg-NP CR2E037 (11/05)

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	4. FEI Number 33-0177064	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SHASSERE, VIRGIAL			Name		
220 DUNCAN LANE			Street Address (P.O. Box Number is Not Acceptable)		
STEINHATCHEE, FL 32359					
			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHASSERE, BUD		NAME	THELMA HILSON	
STREET ADDRESS	PO BOX 401		STREET ADDRESS	Box 546	
CITY-ST-ZIP	STEINHATCHEE, FL 32359		CITY-ST-ZIP	STEINHATCHEE, FL 32359	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GANTENBEIN, JUDY		NAME		
STREET ADDRESS	PO BOX 1022		STREET ADDRESS		
CITY-ST-ZIP	STEINHATCHEE, FL 32359		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POLHENUS, BUD		NAME		
STREET ADDRESS	PO BOX 405		STREET ADDRESS		
CITY-ST-ZIP	STEINHATCHEE, FL 32359		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MC DOW, ANNA		NAME		
STREET ADDRESS	PO BOX 589		STREET ADDRESS		
CITY-ST-ZIP	STEINHATCHEE, FL 32359		CITY-ST-ZIP		
TITLE	C	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOWELL, ELAINE		NAME		
STREET ADDRESS	PO BOX 959		STREET ADDRESS		
CITY-ST-ZIP	STEINHATCHEE, FL 32359		CITY-ST-ZIP		
TITLE	C	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAXLEY, PAT		NAME		
STREET ADDRESS	PO BOX 1055		STREET ADDRESS		
CITY-ST-ZIP	STEINHATCHEE, FL 32359		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:			352-498-3793 3-7-2006		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		