


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90052 017 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 33-0177064	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
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 CAKE, WILLIAM H Street Address (P.O. Box Number is Not Acceptable) 306 GRANGER ROAD SE 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 <u>William H. Cake</u> <u>William H. Cake</u> <u>02-13-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	PD SHASSERE, BUD PO BOX 401 STEINHATCHEE, FL 32359	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CAKE, WILLIAM H. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PO BOX 397 STEINHATCHEE, FL 32359	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO GANTENBEIN, JUDY PO BOX 1022 STEINHATCHEE, FL 32359	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T POLHENUS, BUD PO BOX 405 STEINHATCHEE, FL 32359	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	POLHEMUS, BUD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PO BOX 405 STEINHATCHEE, FL 32359	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HILSON, THELMA PO BOX 546 STEINHATCHEE, FL 32359	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RIDGEWAY, JEAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PO BOX 1058 STEINHATCHEE, FL 32359	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HOWELL, ELAINE PO BOX 959 STEINHATCHEE, FL 32359	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JERRY MOREHOUSE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PO BOX 12 STEINHATCHEE, FL 32359	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Garrett Polhemus</u> <u>2/13/07</u> <u>352-498-3793</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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