

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22518

FILED  
Mar 07, 2012  
Secretary of State

**Entity Name:** STEINHATCHEE CHAPTER #4064 OF AARP, INC.

**Current Principal Place of Business:**

COMMUNITY CENTER  
HWY 51  
STEINHATCHEE, FL 32359 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1058  
STEINHATCHEE, FL 32359 US

**New Mailing Address:**

P.O. BOX 397  
STEINHATCHEE, FL 32359 US

**FEI Number:** 33-0177064

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RIDGEWAY, JEAN C  
901 RIVERSIDE AVE  
STEINHATCHEE, FL 32359 US

**Name and Address of New Registered Agent:**

CAKE, JACQUELYN S  
306 GRANGER DRIVE  
STEINHATCHEE, FL 32359 US

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.

SIGNATURE: JACQUELYN S. CAKE

03/07/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: WILLARD, BRUCE  
Address: P.O. BOX 173  
City-St-Zip: STEINHATCHEE, FL 32359

Title: VP  
Name: SHASSERRE, BUD  
Address: P.O. BOX 401  
City-St-Zip: STEINHATCHEE, FL 32359

Title: SEC  
Name: WILLARD, CLAUDIA  
Address: P.O. BOX 173  
City-St-Zip: STEINHATCHEE, FL 32359

Title: TREA  
Name: CAKE, JACQUELYN S  
Address: P.O. BOX 397  
City-St-Zip: STEINHATCHEE, FL 32359

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JACQUELYN S. CAKE

TREA

03/07/2012

Electronic Signature of Signing Officer or Director

Date