


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

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90003 030 ****61.25

DOCUMENT # N30092 1. Entity Name MEXICO BEACH, FLORIDA CHAPTER #4325 OF AARP, INC.					
Principal Place of Business CIVIC CENTER MEXICO BEACH FL US		Mailing Address PO BOX 13394 MEXICO BEACH FL 32410			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 94-3062234	
Zip Country		Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THOMPSON, DAVID 200 73 ST. MEXICO BEACH FL 32410				7. Name and Address of New Registered Agent Name: JOHN V. BASS Street Address (P.O. Box Number is Not Acceptable): HC 3, Box 164A, Port St. Joe, FL 32456 108 N. 22nd St. City: Mexico Beach FL Zip Code: 32410	
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>JOHN V. BASS</u> <u><i>John V. Bass</i></u> <u>3/2/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		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	P THOMPSON, DAVID HC3 BOX 150 200 73 ST. MEXICO BEACH FL 32456	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT BASS, JOHN V. HC 3, Box 164A PORT ST. JOE, FL. 32456	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VPT KOZIAL, ERMA 103 N. 27TH ST. MEXICO BEACH FL 32410	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VPT DAVID Thompson HC-3, Box 150, 200 7 th St. Mexico Beach, FL 32456	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VPT DUNCAN, LEROY 9148 STARFISH BEACON HILLS FL 32456	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VPT WOOLEY, GARY 1814 HWY 98 MEXICO BEACH FL. 32456	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LAPLANTE, HELEN P.O. BOX 13238 MEXICO BEACH FL 32410	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Thompson, FAYE HC 3, Box 150, 200 7 th St. Mexico Beach, FL. 32456	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MASON, BEVERLY P.O. BOX 13255 MEXICO BEACH FL 32410	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MASON, BEVERLY PO Box 13255 Mexico Beach, FL. 32410	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>JOHN V. BASS</u> <u><i>John V. Bass</i></u> <u>3/2/04</u> <u>850-648-3077</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					