

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33166

FILED
Feb 29, 2004
Secretary of State

Entity Name: ORANGE BLOSSOM-LADY LAKE CHAPTER #4432 OF AARP, INC.

Current Principal Place of Business:

LA HACIENDA CENTER
1100 MAIN STREET
LADY LAKE, FL 32159 US

New Principal Place of Business:

Current Mailing Address:

1210 E SCHWARTZ BLVD
LADY LAKE, FL 32159

New Mailing Address:

FEI Number: 94-3085220

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BARNES, HAROLD E
Address: 1210 E SCHWARTZ BLVD
City-St-Zip: LADY LAKE, FL 32159

Title: D () Delete
Name: BARNES, SHIRLEY A
Address: 1210 E SCHWARTZ BLVD
City-St-Zip: LADY LAKE, FL 32159

Title: VD () Delete
Name: GRAY, MARGARET
Address: 535 ST ANDREWS BLVD
City-St-Zip: LADY LAKE, FL 32159

Title: SD () Delete
Name: GAUNDER, BEATRICE L
Address: 2968 HILLSIDE LANE
City-St-Zip: LADY LAKE, FL 32162

Title: TD () Delete
Name: BLUM, JOHN A
Address: 1732 AUGUSTINE DR
City-St-Zip: LADY LAKE, FL 32159

Title: D () Delete
Name: SAMPLES, WILMER
Address: 1005 RICHARD DR
City-St-Zip: LADY LAKE, FL 32159

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: HAROLD E BARNES

PD

02/29/2004

Electronic Signature of Signing Officer or Director

Date