


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90218 020 ****61.25

DOCUMENT # N34039 1. Entity Name GREATER BRANDON CHAPTER #4442 OF AARP, INC.					
Principal Place of Business 502 CHILT DR BRANDON FL 33510 US			Mailing Address 502 CHILT DR BRANDON FL 33510 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip			3. Mailing Address Suite, Apt. #, etc. City & State Zip		
4. FEI Number 93-4100344			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			1st MOORE CR2E037 (10/04)		
6. Name and Address of Current Registered Agent C T CORPORATE SYSTEM 1200 S PINE ISLAND RD FORT LAUDERDALE FL 33328			7. Name and Address of New Registered Agent Name Sean L. Popovich ERROR Street Address (P.O. Box Number (if Not Applicable)) 502 CHILT DR ERROR City BRANDON ERROR FL Zip Code 33510 ERROR		
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. C.T. CORPORATE SYSTEM SIGNATURE Sean L. Popovich (NOTE: Registered Agent signature required when reinstating) DATE 4/24/05					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		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 BORDENHAMER, RUTH 350 LAKEWOOD DR. #335 BRANDON FL 33510	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Betty Boston 1926 VALMAR BRANDON, FL 33511	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BOSTON, BETTY 926 VALAMOR ST BRANDON FL 33511	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	George LeGrand 383406 Kilmer DR Plant City, FL 13566	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WALKER, JEAN 3227 STONEBRIDGE TRAIL VALRICO FL 33594	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sean Walker 3221 STONE BRIDGE TRAIL VALRICO, FL 33594	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD POPOVICH, JEAN L 502 CHILT DR BRANDON FL 33510	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARD, BARBARA 3630 WHISTLE STOP LINE VALRICO FL 33594	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	FRAIZER GRANGER 1507 W. WIND HORSE RD BRANDON, FL 33511	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STOUFFER, JUDY 1524 ATTLEBORO LANE BRANDON FL 33511	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	WATKINS MARY 12913 WILD BROOD DR RIVERVIEW, FL 33564	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 113.07(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: Sean L. Popovich Sean L. Popovich IRES. 4/24/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date					