

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 21, 2007 8:00 am
Secretary of State

05-21-2007 90051 024 ****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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

93-4100344

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S PINE ISLAND RD
FORT LAUDERDALE FL 33328

7. Name and Address of New Registered Agent

Name

same

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Sean W. Popovich

4-20-07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|-----------------|------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Delete |
| NAME | PRINZIVALLI, CHRIS | |
| STREET ADDRESS | 716 CHOO CHOO LN | |
| CITY - ST - ZIP | VALRICO FL 33594 | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete |
| NAME | LEGRAND, GEORGE | |
| STREET ADDRESS | 3406 KILMER DRIVE | |
| CITY - ST - ZIP | PLANT CITY FL 13566 | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete |
| NAME | BEALL, MARGRETTE | |
| STREET ADDRESS | 6807 SILVER BRANCH CT | |
| CITY - ST - ZIP | TAMPA FL 33625 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | POPOVICH, JEAN L | |
| STREET ADDRESS | 502 CHILT DR | |
| CITY - ST - ZIP | BRANDON FL 33510 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | GRANGER, FRAIZER | |
| STREET ADDRESS | 1507 W. WINDHORST ROAD | |
| CITY - ST - ZIP | BRANDON FL 33511 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | WATKINS, MARCY | |
| STREET ADDRESS | 12153 WILD BROOK DRIVE | |
| CITY - ST - ZIP | RIVERVIEW FL 33564 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|-----------------|---------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Michael T. Talamo | |
| STREET ADDRESS | 1702 WOODBERRY RD | |
| CITY - ST - ZIP | BRANDON, FL. 33510 | |
| TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | CHRIS PRINZIVALLI | |
| STREET ADDRESS | 716 CHOO CHOO LANE | |
| CITY - ST - ZIP | VALRICO, FL. 33594 | |
| TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MARY STARLING | |
| STREET ADDRESS | 615 HILPINE WAY | |
| CITY - ST - ZIP | BRANDON, FL. 33510 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | same | |
| TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Betty Boston | |
| STREET ADDRESS | 926 Valmar St | |
| CITY - ST - ZIP | BRANDON, FL 33511 | |
| TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Lois Munger | |
| STREET ADDRESS | 801 Russel Lane | |
| CITY - ST - ZIP | Apt #155 BRANDON FL 33511 | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Sean W. Popovich 4/20/07/689-6590