


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90046 006 ****61.25

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| DOCUMENT # N36187 | |  | |
| 1. Entity Name OLDSMAR CHAPTER #4456 OF AARP, INC. | | Principal Place of Business MIKE VAN AMBURGH 108 SHOREVIEW LA OLDSMAR, FL 34677 US | |
| 2. Principal Place of Business LEE ANDERSON | | Mailing Address MIKE VAN AMBURGH 108 SHOREVIEW LA OLDSMAR, FL 34677 US | |
| Suite, Apt. #, etc. LOT 46 12701 W. HILLSBOROUGH | | Suite, Apt. #, etc. LOT 46 12701 W. HILLSBOROUGH | |
| City & State TAMPA, FL. | | City & State TAMPA, FL. | |
| Zip 33635 | Country US | Zip 33635 | Country US |
| 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 | | 7. Name and Address of New Registered Agent | |
| Name | | Name | |
| Street Address (P.O. Box Number is Not Acceptable) | | Street Address (P.O. Box Number is Not Acceptable) | |
| City | | City | |
| FL | | FL | |
| Zip Code | | 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 _____ DATE _____ | | | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) | | | |
| Filing 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 | P VAN AMBURGH, MIKE 108 SHOREVIEW LANE OLDSMAR, FL 34677 | <input type="checkbox"/> Delete | TITLE P NAME LEE ANDERSON STREET ADDRESS 12701 W. HILLSBOROUGH LOT 46 CITY-ST-ZIP TAMPA, FL. 33635 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD STRUSZ, MARY 122H LOBLOLLY COURT OLDSMAR, FL 34677 | <input type="checkbox"/> Delete | TITLE VD NAME VAN AMBURGH, MINE STREET ADDRESS 108 SHOREVIEW LANE CITY-ST-ZIP OLDSMAR, FL. 34677 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD VAN AMBURGH, EMILY 108 SHOREVIEW LANE OLDSMAR, FL 34677 | <input type="checkbox"/> Delete | TITLE SD NAME LITTS, JANETH STREET ADDRESS 419 COUNTRY CLUB DRIVE CITY-ST-ZIP OLDSMAR, FL. 34677 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD DEBECHÉ, THOMAS A. P. O. BOX 332 N/A OLDSMAR, FL 34677 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP |

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.

Thomas A. DeBeche THOMAS A. DE BECHE 4/25/05 813/855-5071