

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

**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**

Mailing Address  
**MIKE VAN AMBURGH**  
**108 SHOREVIEW LA**  
**OLDSMAR, FL 34677 US**

40000141



2. Principal Place of Business  
**LEE ANDERSON**

3. Mailing Address  
**LEE ANDERSON**

Suite, Apt. #, etc. **LOT 46**  
**12701 W. HILLSBOROUGH**

Suite, Apt. #, etc. **LOT 46**  
**12701 W. HILLSBOROUGH**

04042005 Chg-NP CR2E037 (10/03)

City & State  
**TAMPA, FL.**

City & State  
**TAMPA, FL.**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

Zip  
**33635**

Country  
**US**

Zip  
**33635**

Country  
**US**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

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 **P** ☐ Delete  
NAME **VAN AMBURGH, MIKE**  
STREET ADDRESS **108 SHOREVIEW LANE**  
CITY-ST-ZIP **OLDSMAR, FL 34677**

TITLE **VD** ☐ Delete  
NAME **STRUSZ, MARY**  
STREET ADDRESS **122H LOBLOLLY COURT**  
CITY-ST-ZIP **OLDSMAR, FL 34677**

TITLE **SD** ☐ Delete  
NAME **VAN AMBURGH, EMILY**  
STREET ADDRESS **108 SHOREVIEW LANE**  
CITY-ST-ZIP **OLDSMAR, FL 34677**

TITLE **TD** ☐ Delete  
NAME **DEBECHE, THOMAS A.**  
STREET ADDRESS **P. O. BOX 332 N/A**  
CITY-ST-ZIP **OLDSMAR, FL 34677**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Change ☐ Addition  
NAME **LEE ANDERSON**  
STREET ADDRESS **12701 W. HILLSBOROUGH LOT 46**  
CITY-ST-ZIP **TAMPA, FL. 33635**

TITLE **VD** ☒ Change ☐ Addition  
NAME **VAN AMBURGH, MINE**  
STREET ADDRESS **108 SHOREVIEW LANE**  
CITY-ST-ZIP **OLDSMAR, FL. 34677**

TITLE **SD** ☒ Change ☐ Addition  
NAME **LITTS, JANETH**  
STREET ADDRESS **419 COUNTRY CLUB DRIVE**  
CITY-ST-ZIP **OLDSMAR, FL. 34677**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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. DeBecche* **THOMAS A. DEBECHE**

*4/25/05*

*813/855-5071*