


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2006 8:00 am**  
**Secretary of State**

04-21-2006 90100 011 \*\*\*\*61.25

**DOCUMENT # N36187**

1. Entity Name  
**OLDSMAR CHAPTER #4456 OF AARP, INC.**



Principal Place of Business  
**LEE ANDERSON**  
**12701 W HILLSBOROUGH, LOT 46**  
**TAMPA, FL 33635 US**

Mailing Address  
**LEE ANDERSON**  
**12701 W HILLSBOROUGH, LOT 46**  
**TAMPA, FL 33635 US**

40056200



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

02082006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**NOT APPLICABLE**

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 SOUTH PINE ISLAND ROAD**  
**PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**Filing Fee is \$61.25 Due by May 1, 2006**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ANDERSON, LEE</b> <b>12701 W HILLSBOROUGH LOT 46</b> <b>TAMPA, FL 33635</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>VAN AMBURGH, MIKE</b> <b>108 SHOREVIEW LANE</b> <b>OLDSMAR, FL 34677</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>LITTS, JANETH</b> <b>419 COUNTRY CLUB DRIVE</b> <b>OLDSMAR, FL 34677</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>DEBECHE, THOMAS A.</b> <b>P. O. BOX 332 N/A</b> <b>OLDSMAR, FL 34677</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>JANICE MILLER</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>309 EXETER ST.</b> <b>OLDSMAR, FL 34677</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:** THOMAS A. DEBECHE  
Thomas A. DeBeche **4-18-06** **813/855-5071**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #