

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 08:00 A
Secretary of State

DOCUMENT # N36187

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



Principal Place of Business

LEE ANDERSON
3432 S R 580 #426
SAFETY HARBOR, FL 34695 US

Mailing Address

LEE ANDERSON
P.O. BOX 581
OLDSMAR, FL 34677 US



04062008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE
IN THIS SPACE**

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 reconstituting)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

1000000588820

04-22-08 08:03:32-009-61-25

10. OFFICERS AND DIRECTORS

TITLE P
NAME ANDERSON, LEE
STREET ADDRESS 3432 S.R. 580 #426
CITY-ST-ZIP SAFETY HARBOR, FL 34695

TITLE VD
NAME FITZGERALD, SHIRLEY
STREET ADDRESS 15 PINTAIL PLACE
CITY-ST-ZIP SAFETY HARBOR, FL 34695

TITLE SD
NAME MILLER, JANICE
STREET ADDRESS 309 EXETER ST
CITY-ST-ZIP OLDSMAR, FL 34677

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 Debeche* **THOMAS A. DE BECHE**

4/6/08
Date

813/855-5071
Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR