

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36187

FILED
Apr 09, 2009
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ANDERSON, LEE
Address: 3432 S.R. 580 #426
City-St-Zip: SAFETY HARBOR, FL 34695

Title: VD () Delete
Name: FITZGERALD, SHIRLEY
Address: 15 PINTAIL PLACE
City-St-Zip: SAFETY HARBOR, FL 34695

Title: SD () Delete
Name: MILLER, JANICE
Address: 309 EXETER ST
City-St-Zip: OLDSMAR, FL 34677

Title: TD () Delete
Name: DEBECHE, THOMAS A.
Address: P. O. BOX 332 N/A
City-St-Zip: OLDSMAR, FL 34677

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: HOLMES, DAVID
Address: 10140 MONTAGUE STREET
City-St-Zip: TAMPA, FL 33626

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS DE BECHE

TD

04/09/2009

Electronic Signature of Signing Officer or Director

Date