

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36187

FILED  
Apr 13, 2010  
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  
Name: ANDERSON, LEE  
Address: 3432 S.R. 580 #426  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: VD  
Name: HOLMES, DAVID  
Address: 10140 MONTAGUE STREET  
City-St-Zip: TAMPA, FL 33626

Title: SD  
Name: LANDRY, NANCY  
Address: 3720 S.R. 580 APT. A  
City-St-Zip: OLDSMAR, FL 34677

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

I hereby 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 all other like empowered.

SIGNATURE: THOMAS A. DE BECHE

TD

04/13/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date