

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 12, 2004 8:00 am
Secretary of State

08-12-2004 90002 039 ****61.25

DOCUMENT # N44810

1. Entity Name
**NORTH OKALOOSA COUNTY CHAPTER #4675 OF AARP,
INC.**



Principal Place of Business

**198 SOUTH WILSON ST
CRESTVIEW, FL 32536 US**

Mailing Address

**198 S WILSON ST
CRESTVIEW, FL 32536 US**

54067962



DO NOT WRITE IN THIS SPACE

07192004 No Chg-NP

CR2E037 (10/03)

4. FEI Number
52-1702055

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
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 reinstating)

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
HANCOCK, DONNA
613 EDNEY AVE
CRESTVIEW, FL 32539**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
WILLIAMS, CHARLENE
4189 PAINTER BRANCH RD
CRESTVIEW, FL 32539**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
HAMMOCK, CAROLYN
4181 PAINTER BRANCH RD
CRESTVIEW, FL 32539**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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.

SIGNATURE:

Johanna Petito

Johanna Petito

8-5-04

850-683-1812

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #