

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90225 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **52-1702055**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete  
NAME **BRANCH, JOHN M**  
STREET ADDRESS **540 RED BIRD LANE**  
CITY-ST-ZIP **HOLT FL 32564**

TITLE **PD** ☐ Change ☒ Addition  
NAME **SIMMONS, LOETTA**  
STREET ADDRESS **206 E. GRIFFITH AVE**  
CITY-ST-ZIP **CRESTVIEW, FL 32539**

TITLE **VD** ☒ Delete  
NAME **FLEISCHER, LEE**  
STREET ADDRESS **607 MOSS DR**  
CITY-ST-ZIP **CRESTVIEW FL 32536**

TITLE **VD** ☐ Change ☒ Addition  
NAME **DONNA HANCOCK**  
STREET ADDRESS **613 EDNEY AVE.**  
CITY-ST-ZIP **CRESTVIEW, FL 32539**

TITLE **TD** ☒ Delete  
NAME **PETITO, JOHANNA**  
STREET ADDRESS **209 SOUTHVIEW DR**  
CITY-ST-ZIP **CRESTVIEW FL 32536**

TITLE **SD** ☐ Change ☒ Addition  
NAME **CAROLYN HAMMOCK**  
STREET ADDRESS **4181 PAINTER BRANCH ROAD**  
CITY-ST-ZIP **CRESTVIEW, FL 32539**

TITLE **PD** ☒ Delete  
NAME **WYANT, LOIS J**  
STREET ADDRESS **218 SOUTHVIEW DR**  
CITY-ST-ZIP **CRESTVIEW FL 32536**

TITLE **TD** ☐ Change ☒ Addition  
NAME **CHARLENE WILLIAMS**  
STREET ADDRESS **4189 PAINTER BRANCH ROAD**  
CITY-ST-ZIP **CRESTVIEW, FL 32539**

TITLE **PD** ☒ Delete  
NAME **SIMMONS, LOETTA**  
STREET ADDRESS **108 TYNER DR**  
CITY-ST-ZIP **CRESTVIEW FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SD** ☒ Delete  
NAME **KRERCHER, SUE**  
STREET ADDRESS **6077 TERRACE LN.**  
CITY-ST-ZIP **CRESTVIEW FL 32539**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: **CHARLENE WILLIAMS** **850-682-8075**

CR2E037 (10/02)