

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90291 006 ****61.25

DOCUMENT # N46162

1. Entity Name
PORT ST. JOHN/BREVARD COUNTY CHAPTER 4696
AARP, INC.



Principal Place of Business
6027 CAROIFF AV E
COCOA, FL 32927 US

Mailing Address
6027 CAROIFF AV E
COCOA, FL 32927 US

14012045



04222004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-1707919

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JO BIGOS, EDWARD
6027 CARDIFF AVE
COCOA, FL 32927

**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]

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 May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BUTLER, WALTER	
STREET ADDRESS	PO BOX 249	
CITY-ST-ZIP	SHARPES, FL 32959	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HOSMER, JENNIE	
STREET ADDRESS	502 SEACREST AVE	
CITY-ST-ZIP	MERRITT ISLAND, FL 32952	
TITLE	TD	
NAME	BIGOS, EDWARD'S	
STREET ADDRESS	6027 CARDIFF	
CITY-ST-ZIP	COCOA, FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	FLACHMEIER, DON	
STREET ADDRESS	7460 N HIGHWAY I	
CITY-ST-ZIP	PORT ST JOHN, FL 329279107	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

ED COBURN
3780 CONOVER GROVES BLVD
COCOA, FL 32926

MARTHA MISSICK
1630 CRAIG AVE
TITUSVILLE, FL 32780

**DO NOT WRITE
IN THIS SPACE**

WALTER BUTLER
PO BOX 249
SHARPES, FL 32959

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:

Edward J. Bigos EDWARD J. BIGOS 4-23-04 321-636-7234

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

P.S. We are not a corporation.