

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N46162

FILED
Jan 22, 2009
Secretary of State

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

Current Principal Place of Business:

6027 CAROIFF AVENUE
COCOA, FL 32927 US

New Principal Place of Business:

4035 SONG DR
PORT ST. JOHN, FL 32927 US

Current Mailing Address:

6027 CAROIFF AVENUE
COCOA, FL 32927 US

New Mailing Address:

4035 SONG DR
PORT ST. JOHN, FL 32927 US

FEI Number: 52-1707919 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BIGOS, EDWARD J
6027 CARDIFF AVE
COCOA, FL 32927 US

Name and Address of New Registered Agent:

LEFEVRE, JOE
4035 SONG DR
PORT ST. JOHN, FL 32927 US

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: JOE LEFEVRE

01/22/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BUTLER, WALTER
Address: POST OFFICE BOX 249
City-St-Zip: SHARPES, FL 32959

Title: VD () Delete
Name: CORBIN, EDWARD
Address: 6184 CORNING ROAD
City-St-Zip: COCOA, FL 32927

Title: TD () Delete
Name: BIGOS, EDWARD
Address: 6027 CAROIFF AVENUE
City-St-Zip: COCOA, FL 32927 US

Title: SD (X) Delete
Name: MISSICK, MARTHA
Address: 1630 CRAIG AVENUE
City-St-Zip: TITUSVILLE, FL 32780

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: LEFEVRE, JOE
Address: 4035 SONG DR
City-St-Zip: PORT ST. JOHN, FL 32927 US

Title: TRES (X) Change () Addition
Name: FORDE, URSULA
Address: 6300 GOLFVIEW AVE
City-St-Zip: PORT ST. JOHN, FL 32927 US

Title: ATR (X) Change () Addition
Name: CLAYTON, ANN M
Address: 2890 DEMARET DR
City-St-Zip: TITUSVILLE, FL 32780 US

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: JOE LEFEVRE

PRES

01/22/2009

Electronic Signature of Signing Officer or Director

Date