

# NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) 200

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90348 012 \*\*\*\*61.25

DOCUMENT # N51419

1. Entity Name  
NO. ST. LUCIE COUNTY CHAPTER #4766  
OF AMERICAN ASSOC. OF RETIRED PERSONS  
INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

SLCCV

3. Mailing Address

DOROTHY HOGAN. PRES

Suite, Apt. #, etc.

FT PIERCE FL

Suite, Apt. #, etc.

#7 BOLEDO

City & State

City & State

FT. PIERCE, FL

4. FEI Number

94-3152318

Applied For

Not Applicable

Zip

34951

Country

ST LUCIE

Zip

34951

Country

ST LUCIE

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name JOHN R. BRADLEY - TREASURER

Street Address (P.O. Box Number is Not Acceptable)

133 CALLE DE LAGOS

FT. PIERCE, FL 34951

City

FL

Zip Code  
34951

**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

John R. Bradley

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25**  
**Initial or Amended UBR**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DOROTHY HOGAN - PRESIDENT  
7 BOLEDO  
FT. PIERCE, FL 34951

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VICE PRES.  
BETTY HORVATH  
71 SAN LUIS OBISPO  
FT. PIERCE FL 34951

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
REC. SECRETARY  
SUE OZBARNIC  
35 ARBOLES DEL NORTE  
FT. PIERCE FL 34951

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
FINANCIAL TREASURER (ELECT)  
ELEANOR CHASE  
37 FLORES DEL NORTE  
FT. PIERCE FL 34951

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MEMBERSHIP CHAIRMAN  
MARY KOVACS  
22 ECUADOR WAY  
FT. PIERCE FL 34951

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
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STREET ADDRESS  
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

John R. Bradley

JOHN R. BRADLEY

Date

4/15/04

Daytime Phone #

772-468-9287

CR2E037B (12/02)