2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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FILED
Mar 14, 2005 8:00 am
Secretary of State
02-08-2005 90015 033 ****61.25

DOCUMENT # N51419

1. Entity Name

NORTH ST. LUCIE COUNTY CHAPTER #4756 OF AARP, INC.

66004879

Principal Place of Business	Mailing Address
SLCCV FT. PIERCE FL 34951 US	DOROTHY HOGAN, PRES. 7 BOLERO FT. PIERCE FL 34951 US

1st MOORE CR2E037 (10/04)

2. Principal Place of Business	3. Mailing Address
SLCC	1 LAS CASITAS
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FORT PIERCE	City & State: FL 34951
Zip / Country	Zip / Country

4. FEI Number: 94-3152318 ☐ Applied For ☐ Not Applicable

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
BRADLEY, JOHN R. TRES. 133 CALLE DE LAGOS FORT PIERCE FL 34951	Name: ELEANOR CHASE TREAS. Street Address (P.O. Box Number is Not Acceptable): 37 FLORES DEL NORTE SLCCV City: FORT PIERCE FL Zip Code: 34951

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: X Eleanor D Chase Treas 3-10-05
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
Due By May 1, 2005

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P HOGAN, DOROTHY 7 BOLERO FORT PIERCE FL 34951	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V HORVATH, BETTY 71 SAN LUIS USBIS PD FORT PIERCE FL 34951	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RS OSERANIC, SUE 33 ARBOLES DEL BORZE FORT PIERCE FL 34951	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FTE CHASE, ELEANOR 37 FLORES DEL NORTE FORT PIERCE FL 34951	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MC KOVACS, MARY 22 ECUADOR WAY FORT PIERCE FL 34951	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BUZZELLI, FRANK 78 LAS CASITAS FORT PIERCE FL 34951	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Dorothy Hogan Pres. 2/1/05 772-466-2475
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR — Date — Daytime Phone #