

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51479

FILED
Mar 30, 2009
Secretary of State

Entity Name: LAND O' LAKES CHAPTER #4764 OF AARP, INC.

Current Principal Place of Business:

23335 SHINING STAR DR
LAND O LAKES, FL 34639 US

New Principal Place of Business:

4118 ALPINE RD
LAND O LAKES, FL 34639 US

Current Mailing Address:

23335 SHINING STAR DR
LAND O LAKES, FL 34639 US

New Mailing Address:

4118 ALPINE RD
LAND O LAKES, FL 34639 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEVEN, WOLF
23335 SHINING STAR DR
LAND O LAKES, FL 34639 US

Name and Address of New Registered Agent:

ELAINE, NORTHRUP
4118 ALPINE ROAD
LAND O LAKES, FL 34639 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: ELAINE D. NORTHRUP

03/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DALE, GLORIA
Address: 21632 SR 54
City-St-Zip: LUTZ, FL 33549

Title: VPD () Delete
Name: BEAN, DORA
Address: 470 1 TOWER ROAD
City-St-Zip: LAND O LAKES, FL 34639

Title: SD () Delete
Name: DRISCOLL, ALICE
Address: 22126 LITTLE LAGOON CT
City-St-Zip: LUTZ, FL 33559

Title: T () Delete
Name: WOLF, STEVE
Address: 23335 SHINING STAR DR
City-St-Zip: LAND O LAKES, FL 34639

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WOLF, STEVE
Address: 23335 SHINING STAR DR
City-St-Zip: LAND O LAKES, FL 33549

Title: VPD (X) Change () Addition
Name: DALE, GLORIA
Address: 21632 SR 54
City-St-Zip: LUTZ, FL 33549

Title: SD (X) Change () Addition
Name: LANDRY, BRENDA
Address: 21632 SR 54
City-St-Zip: LUTZ, FL 33549

Title: T (X) Change () Addition
Name: NORTHRUP, ELAINE
Address: 4118 ALPINE RD
City-St-Zip: LAND O LAKES, FL 34639

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: ELAINE D NORTHRUP

TREA

03/30/2009

Electronic Signature of Signing Officer or Director

Date