5/1/

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State
05-01-2002 91529 030 ****61.25

DOCUMENT # N93000001400 NC AND

1. Entity Name

WILDWOOD CHAPTER #4839, AMERICAN ASSOCIATION OF RETIRED PERSONS, INC. AARP

Principal Place of Business	Mailing Address
202 PINE STREET WILDWOOD FL 34785 US	809 CAROL STREET WILDWOOD FL 34785 US

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
CITY HALL ANNEX	513 BARWICK St
Suite, Apt. #, etc. 110 E. Wonder st.	Suite, Apt. #, etc.
City & State WILDWOOD, FL	City & State WILDWOOD, FL
Zip 34785 Country USA	Zip 34785 Country USA

4. FEI Number 52-1785860 ☐ 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
MELISI, VIRGINIA E 808 SUNNYSIDE WILDWOOD FL 34785	Name: CT Corporation System Street Address (P.O. Box Number Is Not Acceptable) 1200 S. Pine Island Rd. Plantation, FL 33324

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.

SIGNATURE: [signature] Stacy M. Rosenthal Vice President and Assistant Secretary

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P COLLIER, JAMES L 102 S. WARFIELD AVE WILDWOOD FL 34785	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P NICK BUSOLLAS 809 CAROL St WILDWOOD, FL 34785-5502	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP COLLIER, JAMES L 102 S WARFIELD AVENUE WILDWOOD FL 34785	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Joel Hoyle 807 E Live Oak St. WILDWOOD, FL 34785	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WENTZ, DALE F 510 LIVE OAK LANE WILDWOOD FL 34785	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D James L Collier 100 S. Warfield WILDWOOD, FL 34785	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOYLE, JUNE 807 EAST LIVE OAK WILDWOOD FL 34785	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Genevieve Wentz 510 LIVEOAK LN. WILDWOOD, FL 34785	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JONES, MARJORIE 504 SANDALWOOD LANE WILDWOOD FL 34785	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALTON FINCH 409 SYCAMORE WILDWOOD, FL 34785	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAVID LEIGH 513 BARWICK St WILDWOOD, FL 34785	☐ Change ☒ Addition

CR2E037 (9/01)

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: [signature] DAVID Q. LEIGH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #