


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2004 8:00 am**  
**Secretary of State**

02-02-2004 90015 010 \*\*\*\*61.25

<b>DOCUMENT # N93000001400</b> 1. Entity Name <b>WILDWOOD CHAPTER #4839 OF AARP, INC.</b>			
Principal Place of Business <b>CITY HALL ANNEX 110 E WONDER STREET WILDWOOD, FL 34785 US</b>		Mailing Address <b>513 BARWICK STREET WILDWOOD, FL 34785 US</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>409 Sycamore Dr.</b> Suite, Apt. #, etc.	
City & State <b>Wildwood FL</b>		4. FEI Number <b>52-1785860</b>	
Zip <b>34785</b>		Country <b>USA</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>		10. OFFICERS AND DIRECTORS	
TITLE <b>D</b> NAME <b>COLLIER, JAMES L</b> STREET ADDRESS <b>100 S WARFIELD</b> CITY-ST-ZIP <b>WILDWOOD, FL 34785</b>	<input checked="" type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>P</b> NAME <b>James Collier</b> STREET ADDRESS <b>100 S. Warfield</b> CITY-ST-ZIP <b>Wildwood, FL 34785</b>	<input type="checkbox"/> Delete	TITLE <b>S</b> NAME <b>Marilyn Rogers</b> STREET ADDRESS <b>3646 CR 230</b> CITY-ST-ZIP <b>Wildwood FL 34785</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b>VP</b> NAME <b>BUSULLAS, NICK</b> STREET ADDRESS <b>809 CAROL ST.</b> CITY-ST-ZIP <b>WILDWOOD, FL 34785</b>	<input type="checkbox"/> Delete	TITLE <b>T</b> NAME <b>Gwyneth E Finch</b> STREET ADDRESS <b>409 Sycamore Dr.</b> CITY-ST-ZIP <b>Wildwood FL 34785</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b>T</b> NAME <b>LEIGH, DAVID</b> STREET ADDRESS <b>513 BARWICK ST.</b> CITY-ST-ZIP <b>WILDWOOD, FL 34785</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>P</b> NAME <b>Genevieve Wentz</b> STREET ADDRESS <b>510 Live Oak Lane</b> CITY-ST-ZIP <b>Wildwood FL 34785</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>D</b> NAME <b>FINCH, ALTON</b> STREET ADDRESS <b>409 SYCAMORE</b> CITY-ST-ZIP <b>WILDWOOD, FL 34785</b>	<input type="checkbox"/> Delete	TITLE <b>D</b> NAME <b>Dorothy Corcy</b> STREET ADDRESS <b>1006 Oak Leaf Lane</b> CITY-ST-ZIP <b>Wildwood, FL 34785</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b>P</b> NAME <b>Marjorie Jones</b> STREET ADDRESS <b>506 Sandlewood Lane</b> CITY-ST-ZIP <b>Wildwood FL 34785</b>	<input type="checkbox"/> Delete	TITLE <b>P</b> NAME <b>Betty Hayes</b> STREET ADDRESS <b>812 Judy St.</b> CITY-ST-ZIP <b>Wildwood FL 34785</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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.			
<b>SIGNATURE: Gwyneth E. Finch</b> <b>1/26/04</b> <b>352-748-9317</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			