

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90715 013 ****61.25

0014472

DOCUMENT # N95000002900

1. Entity Name

MID-ORLANDO CHAPTER #5046 OF AARP, INC.



Principal Place of Business

**4360 S LAKE ORLANDO PARKWAY
ORLANDO FL 32808
US**

Mailing Address

**4360 S LAKE ORLANDO PARKWAY
ORLANDO FL 32808
US**

2. Principal Place of Business

99 E Marks St.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando FL

Zip

32808

Country

Orange

Zip

32808

Country

Orange

4. FEI Number **52-1892261**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**ANGLOS, BONNYE
4360 S LAKE ORLANDO PKWY
ORLANDO FL 32808**

7. Name and Address of New Registered Agent

Name **Angles, Bonnye**
Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Bonny Angles

(NOTE: Registered Agent signature required when reinstating)

DATE

4-30-03

FILE NOW: FEE IS \$61.25

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 **PD** ☐ Delete
NAME **STRANGE, WILLIAM J.**
STREET ADDRESS **P O BOX 311**
CITY-ST-ZIP **ORLANDO FL 32801**

TITLE **VD** ☐ Delete
NAME **SARGENT, PHILBROOK F**
STREET ADDRESS **12 W VANDERBILT STREET**
CITY-ST-ZIP **ORLANDO FL 32804**

TITLE **SD** ☐ Delete
NAME **GENNARI, LEE**
STREET ADDRESS **7529 COMPASS DR**
CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE **TV** ☐ Delete
NAME **ANGLES, BONNYE**
STREET ADDRESS **4360 S LAKE ORLANDO PKWY**
CITY-ST-ZIP **ORLANDO FL 32808**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **SP Bracey, S Trother**
STREET ADDRESS **43781 S Lake Orlando Parkway**
CITY-ST-ZIP **Orlando, FL 32808**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Bonny Angles

4-30-03

407-280-1594

CR2E037 (10/02)