


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

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90201 010 \*\*\*\*61.25

<b>DOCUMENT # N96000001055</b>			
<b>1. Entity Name</b> <b>SOUTHWEST ORLANDO CHAPTER #5103 OF AARP, INC.</b>			
<b>Principal Place of Business</b> <b>11971 OTTAWA AVENUE</b> <b>ORLANDO FL 32837</b>		<b>Mailing Address</b> <b>11971 OTTAWA AVENUE</b> <b>ORLANDO FL 32837</b>	
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
<b>C T CORPORATION SYSTEM</b> <b>1200 SOUTH PINE ISLAND RD.</b> <b>PLANTATION FL 33324</b>		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<b>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.</b>			
<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
<b>FILE NOW: FEE IS \$61.25</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
		<b>Make Check Payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE PD NAME ANDERSEN, DOROTHY A STREET ADDRESS 11971 OTTAWA AVENUE CITY-ST-ZIP ORLANDO FL 32837 <input type="checkbox"/> Delete		TITLE PD NAME SHIRLEY E. SIMPSON STREET ADDRESS 14001 FAIRWAY 15L DR # 521 CITY-ST-ZIP ORLANDO, FL 32837 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VPP NAME FORTUNE, ALBERT DR STREET ADDRESS 3749 OCLTA DR CITY-ST-ZIP ORLANDO FL 32837 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME CHAMPLEY, ANN STREET ADDRESS 11538 THURSTON WAY CITY-ST-ZIP ORLANDO FL 32837 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME CHAPMAN, CHARLES W JR. STREET ADDRESS 13416 BELOIT WOODS LANE CITY-ST-ZIP ORLANDO FL 32824-9410 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME HURST, DARLENE STREET ADDRESS 2735 ROLLING BROOK DR CITY-ST-ZIP ORLANDO FL 32837 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME ANDERSEN, RUSSELL A JR. STREET ADDRESS 11971 OTTAWA AVENUE CITY-ST-ZIP ORLANDO FL 32837 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	

**2. 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:** *Shirley E. Simpson* **SHIRLEY E. SIMPSON** 1/14/03 407-251-8093

CR2E037 (10/02)