

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90052 008 ****61.25

DOCUMENT #N98000005925

1. Entity Name

**EAST PASCO CHAPTER #5255 OF AMERICAN
ASSOCIATION OF RETIRED PERSONS, INC.**



Principal Place of Business

Mailing Address

~~3910 CHAM DR~~
~~ZEPHYRHILLS FL 33541~~

40904 LYNBROOK DR.
ZEPHYRHILLS FL 33540

2. Principal Place of Business

40904 LYNBROOK DR

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ZEPHYRHILLS, FL

City & State

Zip

33540

Country

USA

Zip

Country

4. FEI Number

91-1419698

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GERTRUDE COLACINO
40904 LYNBROOK DR.
ZEPHYRHILLS FL 33540

7. Name and Address of New Registered Agent

Name

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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	S	<input type="checkbox"/> Delete
NAME	ERWIN, RAMONA	
STREET ADDRESS	38321 IRONWOOD PL.	
CITY-ST-ZIP	ZEPHYRHILLS FL 33542	
TITLE	P	<input type="checkbox"/> Delete
NAME	DEMEO, ROBERT	
STREET ADDRESS	7400 GALL BL	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DEFINI, LORRAINE	
STREET ADDRESS	3450 BERY LN	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	
TITLE	T	<input type="checkbox"/> Delete
NAME	COLACINO, GERTRUDE	
STREET ADDRESS	40904 LYNBROOK	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	
TITLE	D	<input type="checkbox"/> Delete
NAME	KESSLER, JOE	
STREET ADDRESS	6223 PUEBLO DR	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	
TITLE	D	<input type="checkbox"/> Delete
NAME	MC KEAN, FAY	
STREET ADDRESS	38102 SUNSET AVE	
CITY-ST-ZIP	DADE CITY FL 33525	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Gertrude Colacino

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/04

813-788-6374

Date

Daytime Phone #