# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 10, 2006 8:00 am**
**Secretary of State**
04-10-2006 90296 039 ****61.25

DOCUMENT # 765362

1. Entity Name
OKALOOSA COUNTY CHAPTER #3493 OF AARP, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 105 WRIGHT PKWY SW ~~#78~~ 79<br>FORT WALTON BEACH, FL 32548 US | 105 WRIGHT PKWY SW ~~#78~~ 79<br>FORT WALTON BEACH, FL 32548 US |

04062006 Chg-NP CR2E037 (11/05)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 95-3764605 ☐ 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 |
|---|---|
| HAMILTON, ROIE<br>105 WRIGHT PKWY SW #79<br>FORT WALTON BEACH, FL 32548 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $61.25 Due by May 1, 2006**

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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>CARACAPPA, JOE<br>4104 DRIFTING SANDS TRAIL<br>DESTIN, FL 32541 ☐ Delete | TITLE P<br>NAME Ruth Jablonka<br>STREET ADDRESS 327 Shannon Circle<br>CITY-ST-ZIP Fort Walton Beach, FL 32548 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>AMARO, JEAN<br>4034 DRIFTING SANDS TRAIL<br>DESTIN, FL 32541 ☐ Delete | TITLE VP<br>NAME Hal Holland<br>STREET ADDRESS 28 Chelsea Dr NE<br>CITY-ST-ZIP Fort Walton Beach, FL 32547 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>HAMILTON, ROIE<br>105 WRIGHT PKWY SW #79<br>FORT WALTON BEACH, FL 32548 ☐ Delete | TITLE T<br>NAME<br>STREET ADDRESS Same<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | RS<br>LEECHIN, PAT<br>13 MAGNOLIA DR<br>MARY ESTHER, FL 32569 ☐ Delete | TITLE RS<br>NAME Dorothy Brooks<br>STREET ADDRESS 4 Bay Court<br>CITY-ST-ZIP Fort Walton Beach, FL 32548 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>DAY, JANICE<br>59 BEACH DR<br>MARY ESTHER, FL 32569 ☐ Delete | TITLE D<br>NAME<br>STREET ADDRESS Same<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MCCOY, PALMER<br>8 BRIGHTON CT<br>FORT WALTON BEACH, FL 32547 ☐ Delete | TITLE D<br>NAME Joe Caracappa<br>STREET ADDRESS 4104 Drifting Sands Trail<br>CITY-ST-ZIP Destin, FL 32541 | ☒ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** Roie Hamilton ROIE HAMILTON 4-7-06 850-244-6302
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #