

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 15, 2007 8:00 am
Secretary of State

08-15-2007 90022 016 ****61.25

DOCUMENT # N24281	
1. Entity Name EAST TALLAHASSEE CHAPTER #3996 OF AARP, INC.	

Principal Place of Business 9601 MICCOSUKEE RD #29 TALLAHASSEE FL 32309 US	Mailing Address 9601 MICCOSUKEE RD #29 TALLAHASSEE FL 32309 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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1st MOORE CR2E037 (10/06)

4. FEI Number NO-T APPLICABLE	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WILDE, JOHANNA C TRES. 9601 MICCOSUKEE RD #29 TALLAHASSEE FL 32309

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 *Johanna C. Wilde, Treasurer*
Signature, typed or printed name of registered agent and title if applicable (NOT: Registered Agent signature required when registering) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	P WORTHAM, CAROL 3201 MICCOSUKEE RD APT 5-C TALLAHASSEE FL 32308 ☐ Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	V COLE, JACQUELYN 3271 EMERSON LN TALLAHASSEE FL 32317 ☐ Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	ST WILDE, JOHANNA 9601 MICCOSUKEE RD #29 TALLAHASSEE FL 32309 ☐ Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY ST ZIP	President Edward Paschall 1923 Atapha Nene Tallahassee FL 32301 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Johanna C. Wilde* **8/13/07** **Cell 850-570-5702**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **850-656-7413**