

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723761

FILED
Apr 02, 2009
Secretary of State

Entity Name: WINTER PARK CHAPTER #1047 OF AARP, INC.

Current Principal Place of Business:

161 SHELL POINT WEST
MAITLAND, FL 32751 US

New Principal Place of Business:

Current Mailing Address:

161 SHELL POINT WEST
MAITLAND, FL 32751 US

New Mailing Address:

FEI Number: 23-7183313

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARMS, DORA M
161 SHELL POINT WEST
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HARMS, DORA M
Address: 161 SHELL POINT WEST
City-St-Zip: MAITLAND, FL 32751 US

Title: VPD () Delete
Name: SOULE, SHIRLEY
Address: 984 LAS FLORES WAY
City-St-Zip: ORLANDO, FL 32792 US

Title: SD () Delete
Name: KUBO, PAULETTE
Address: 3904 BLAZING STAR DR.
City-St-Zip: ORLANDO, FL 32828 US

Title: TD () Delete
Name: FULCHER, BARBARA
Address: 350 S. RANGER BLVD.
City-St-Zip: WINTER PARK, FL 32792 US

Title: D () Delete
Name: STANO, PAT
Address: 3222 CAULFIELD ST.
City-St-Zip: APOPKA, FL 32703 US

Title: D () Delete
Name: WOOD, ROBERTA
Address: 3003 JOY ANN ST.
City-St-Zip: ORLANDO, FL 32810 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: STANO, PAT
Address: 3222 CAULFIELD ST
City-St-Zip: APOPKA, FL 32703 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: KEEGAN, NELLIE
Address: 5334 LAKE HOWELL RD.
City-St-Zip: WINTER PARK, FL 32792 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DORA M HARMS

PD

04/02/2009

Electronic Signature of Signing Officer or Director

Date