2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State
02-27-2006 90084 025 ****61.25

DOCUMENT # 714973

1. Entity Name

DAYTONA BEACH AREA CHAPTER #386 OF AARP, INC.

Principal Place of Business	Mailing Address
160 NO. BEACH ST. DAYTONA BEACH FL 32115 US	P.O. BOX 1790 DAYTONA BEACH FL 32115-1790

1st MOORE CR2E037 (10/05)

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 23-7120281 ☐ 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
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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, 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	PD WILLIAMS, EMMA 157 OAKWOOD DRIVE DAYTONA BEACH FL 32117-4617	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Frances Wattenbarger 5928 Clays Mill Drive Port Orange Fl 32127	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WATTENBARGER, GRANCES 5928 CLAYS MILL DRIVE PORT ORANGE FL 32127	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Annett Davis 907 Stonybrook Circle Port Orange Fl 32127	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BECK, BETTY D 1302 SAN JOSE BLVD HOLLY HILL FL 32117	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Lowell Wynn 3043 South Atlantic Ave. Apt. 1103 Daytona Beach Shores Fl 32118	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GODBY, BARBARA 805 S GLENCOE ROAD NEW SMYRNA BEACH FL 32168	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Nancy Barber 1676 Jones Street Apt. 7 South Daytona Fl 32119	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOLDSKY, SHIRLEY 1400 S NOVA ROAD APT 387 DAYTONA BEACH FL 32114-5851	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SAME	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TERNENT, WILLIAM 6467 LONGLAKE DRIVE PORT ORANGE FL 32128-7190	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SAME	☐ 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: Lowell Wynn Lowell Wynn;Treasuer 2-08-06 386-214-2533