


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 19, 2008 8:00 am
Secretary of State

03-19-2008 90029 044 ****61.25

DOCUMENT # 714973			
1. Entity Name DAYTONA BEACH AREA CHAPTER #386 OF AARP, INC.			
Principal Place of Business 160 NO. BEACH ST. DAYTONA BEACH FL 32115 US		Mailing Address P.O. BOX 1790 DAYTONA BEACH FL 32115-1790	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent C T-CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			



1st MOORE CR2E037 (10/07)

4. FEI Number **23-7120281** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WYNN, LOWELL H <input type="checkbox"/> Delete 3043 S. ATLANTIC AVE., APT 1103 DAYTONA BEACH SHORES FL 32118	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition SAME
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LANDAU, MAX <input type="checkbox"/> Delete 990 WENDHAM COURT PORT ORANGE FL 32127	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition SAME
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LANDAU, DIANE <input type="checkbox"/> Delete 990 WENDHAM COURT PORT ORANGE FL 32127	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition SAME
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BECK, BETTY <input checked="" type="checkbox"/> Delete 1302 SAN JOSE BOULEVARD HOLLY HILL FL 32117	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TD Sally Dodge 1099 Green Acres Circle, N. South Daytona, Florida 32119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDSKY, SHIRLEY <input checked="" type="checkbox"/> Delete 1400 S NOVA ROAD APT 387 DAYTONA BEACH FL 32114-5851	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition DELETED
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TERNENT, WILLIAM <input type="checkbox"/> Delete 6467 LONGLAKE DRIVE PORT ORANGE FL 32128-7190	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition SAME

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 H. Wynn* **Lowell H. Wynn President** 2-27-08 386-214-2533