2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 02, 2009
Secretary of State

DOCUMENT# 714973

Entity Name: DAYTONA BEACH AREA CHAPTER #386 OF AARP, INC.

Current Principal Place of Business:

160 NO. BEACH ST.
DAYTONA BEACH, FL 32115 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1790
DAYTONA BEACH, FL 321151790

New Mailing Address:

FEI Number: 23-7120281 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: WYNN, LOWELL H
Address: 3043 S. ATLANTIC AVE., APT 1103
City-St-Zip: DAYTONA BEACH SHORES, FL 32118

Title: VD ( ) Delete
Name: LANDAU, MAX
Address: 990 WENDHAM COURT
City-St-Zip: PORT ORANGE, FL 32127

Title: SD ( ) Delete
Name: LANDAU, DIANE
Address: 990 WENDHAM COURT
City-St-Zip: PORT ORANGE, FL 32127

Title: TD ( ) Delete
Name: DODGE, SALLY
Address: 1099 GREEN ACRES CIR N
City-St-Zip: DAYTONA BEACH, FL 32119

Title: D ( ) Delete
Name: TERNENT, WILLIAM
Address: 6467 LONGLAKE DRIVE
City-St-Zip: PORT ORANGE, FL 321287190

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: SALLY EVE DODGE TD 07/02/2009

Electronic Signature of Signing Officer or Director — Date