

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714973

FILED  
Jan 03, 2011  
Secretary of State

**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 ( )

**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: P  
Name: DODGE, SALLY E  
Address: 1099 GREEN ACRES CIRCLE N  
City-St-Zip: DAYTONA BEACH, FL 32119

Title: VP  
Name: TATGENHORST, KATHE  
Address: 1957 SPRUCE CREEK CIRCLE N  
City-St-Zip: PORT ORANGE, FL 32128

Title: S  
Name: CRICHLLOW, CYNTHIA  
Address: 850 N CLYDE MORRIS, #1105  
City-St-Zip: DAYTONA BEACH, FL 32117

Title: T  
Name: WYNN, LOWELL H  
Address: 3043 S. ATLANTIC AVE., APT 1103  
City-St-Zip: DAYTONA BEACH SHORES, FL 32118

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

I hereby 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 all other like empowered.

SIGNATURE: SALLY EVE DODGE

P

01/03/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date