

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90043 036 ****61.25

DOCUMENT # 717508

1. Entity Name

**BREVARD COUNTY FLORIDA CHAPTER #219 OF AARP,
INC.**



Principal Place of Business

P.O. BOX 1332
MELBOURNE FL 32902-1332

Mailing Address

P.O. BOX 1332
MELBOURNE FL 32902-1332

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

23-7058268

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

**PERSANS, ANITA
1965 SUNDEW COURT
MELBOURNE FL 32905**

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, 2004**

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 ☐ Delete
NAME PERSANS, ANITA
STREET ADDRESS 1965 SUNDEW COURT
CITY-ST-ZIP PALM BAY FL 32905

TITLE ☐ Change ☒ Addition
NAME BARBARA LEIGH
STREET ADDRESS 2511 SO. PINEHURST CIR
CITY-ST-ZIP MELBOURNE, FL 32901

TITLE ☐ Delete
NAME BAZLEY, JOHN
STREET ADDRESS 2700 HWY A1A APT 105
CITY-ST-ZIP INDIALANTIC FL 32903

TITLE ☐ Change ☒ Addition
NAME MARY KEATING
STREET ADDRESS 2700 N. HIGHWAY A1A BLDG 4#201
CITY-ST-ZIP INDIALANTIC, FL 32903

TITLE ☒ Delete
NAME WHOLEY, JOYCE
STREET ADDRESS 452 EAGLE DRIVE
CITY-ST-ZIP SATELLITE BEACH FL 32937

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME DENICOLA, JOAN F
STREET ADDRESS 664 FLOYD BENNETT DR
CITY-ST-ZIP MELBOURNE FL 32901

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Barbara Leigh BARBARA LEIGH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAR. 9, 2004

Date

Daytime Phone #

**321-
723-9138**