

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90039 032 \*\*\*\*70.00

**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, 2005**

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 **P**  
STREET ADDRESS **PERSANS, ANITA**  
CITY-ST-ZIP **1965 SUNDEW COURT  
PALM BAY FL 32905**

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

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

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

TITLE ☐ Delete  
NAME **SD**  
STREET ADDRESS **KEATING, MARY**  
CITY-ST-ZIP **2700 N. HWY A1A BLDG 4 #201  
INDIALANTIC FL 32903**

TITLE ☒ Change ☐ Addition  
NAME **GRACE DICK**  
STREET ADDRESS **722 Greenboro Drive**  
CITY-ST-ZIP **MELBOURNE, FL 32904**

TITLE ☐ Delete  
NAME **TD**  
STREET ADDRESS **LEIGH, BARBARA**  
CITY-ST-ZIP **2511 S. PINEHURST CIRCLE  
MELBOURNE FL 32901**

TITLE ☒ Change ☐ Addition  
NAME **Dorothy MANGOLD**  
STREET ADDRESS **413 Willontree Drive**  
CITY-ST-ZIP **Melbourne, FL 32940**

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:**

*Anita P. Persans*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/05/05 321-768-9636**

Date Daytime Phone #