

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720288

FILED
Mar 04, 2009
Secretary of State

Entity Name: MERRITT ISLAND CHAPTER #756 OF AARP, INC.

Current Principal Place of Business:

1835 S. ATLANTIC AVE
701
COCOA BEACH, FL 32931 US

New Principal Place of Business:

306 WOODS LAKE DRIVE
COCOA, FL 32926 US

Current Mailing Address:

1835 S. ATLANTIC AVE
701
COCOA BEACH, FL 32931 US

New Mailing Address:

306 WOODS LAKE DRIVE
COCOA, FL 32926 US

FEI Number: 23-7097944

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEMS
1200 SOUTH PINE ISLAND RD
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 () Delete
Name: ANDERSON, JOHN
Address: 1835 S. ATLANTIC AVE., 701
City-St-Zip: COCOA BEACH, FL 32931 US

Title: VP () Delete
Name: REGAR, ALLENE W
Address: 4872 SUPERIOR DRIVE
City-St-Zip: COCOA, FL 32926 US

Title: T () Delete
Name: FABLINGER, GLENICE
Address: 300 S SYKES CRK PKWY #704
City-St-Zip: MERRITT ISLAND, FL 32952 US

Title: S () Delete
Name: GRIFFITH, SHIRLEY A
Address: 1345 EAST SCOTS AVENUE
City-St-Zip: MERRITT ISLAND, FL 32952 US

Title: 2VP () Delete
Name: GAULIN, JANET C
Address: 375 NEEDLE BLVD.
City-St-Zip: MERRITT ISLAND, FL US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LICAVOLI, MICHAEL
Address: 306 WOODS LAKE DRIVE
City-St-Zip: COCOA, FL 32926 US

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: D (X) Change () Addition
Name: GRIFFITH, DANIEL W
Address: 1345 EAST SCOTS AVENUE
City-St-Zip: MERRITT ISLAND, FL 32952 US

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: DANIEL W. GRIFFITH

D

03/04/2009

Electronic Signature of Signing Officer or Director

Date