


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90046 031 ****61.25

DOCUMENT # 722054 1. Entity Name WILLISTON AREA CHAPTER #912 OF AARP, INC.					
Principal Place of Business WILLISTON UM CHURCH 213 W. NOBLE AVE. WILLISTON, FL 32696			Mailing Address AARP CHAPTER #912 P.O. BOX 1863 BRONSON, FL 32621 US		
2. Principal Place of Business		3. Mailing Address AARP Chapter #912			
Suite, Apt. #, etc.		Suite, Apt. #, etc. P.O. Box 884			
City & State		City & State Williston FL 32696			
Zip	Country	Zip	Country	4. FEI Number 23-7140456	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	1VPD MIGNON, CRAIG 232 NW MAIN ST WILLISTON, FL 32696	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DUNN, HELEN 5951 NE 110TH AVE WILLISTON, FL 32696	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPD ZINETTI, ANETA 4051 SE STATE ROAD 121 MORRISTON, FL 32668	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MILLER, PATRICIA 8151 N.E. 178 TERR WILLISTON, FL 32696	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BACORN, JUNE 13450 NE 47TH ST WILLISTON, FL 32696	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VACHAN, ADELIA 18851 N.E. 75TH ST WILLISTON, FL 32696	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Eileen DeRosa 14931 SE 6 Ln Williston FL 32696	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPD Ed Donovan PO Box 454 Williston FL 32696	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Dorothy Whiteman 206 NE 1st Ave williston FL 32696	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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: Adelia Vachon <i>Adelia Vachon</i> 1-22-05 352-528-5024					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					