

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90101 035 ****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 884
WILLISTON, FL 32696 US**

50011190



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03212006

Chg-NP

CR2E037 (11/05)

4. FEI Number
23-7140456

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

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

**Filing Fee is \$61.25
Due by May 1, 2006**

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**1VPD
MIGNON, CRAIG
232 NW MAIN ST
WILLISTON, FL 32696** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TD
DEROSA, EILEEN
14981 SE 6 LANE
WILLISTON, FL 32696** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SVPD
DONNEVAN, ED
PO BOX 454
WILLISTON, FL 32696** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**1VPD
Aneta Zinetti
4051 SE SR 121
Williston, FL 32696** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
WHITMAN, DOROTHY
206 NE 1ST AVE
WILLISTON, FL 32696** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
BACORN, JUNE
13450 NE 47TH ST
WILLISTON, FL 32696** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**2VPD
Sally Ann Collins
12450 SE 19th St.
Williston, FL 32696** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
VACHAN, ADELIA
18851 N.E. 75TH ST
WILLISTON, FL 32696** ☒ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Mignon Craig* **Mignon Craig, Pres. 3/31/06 352/528-3323**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #