

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2008 8:00 am**  
**Secretary of State**

02-14-2008 90016 049 \*\*\*\*61.25

|   |   |  |  |
|---|---|--|--|
| <b>DOCUMENT # 722054</b><br>1. Entity Name<br><b>WILLISTON AREA CHAPTER #912 OF AARP, INC.</b>  |   |  |  |
| Principal Place of Business<br><b>WILLISTON UM CHURCH</b><br><b>213 W. NOBLE AVE.</b><br><b>WILLISTON, FL 32696</b>   |   | Mailing Address<br><b>AARP CHAPTER #912</b><br><b>P.O. BOX 884</b><br><b>WILLISTON, FL 32696 US</b>                                      |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>250 NE 6th Blvd</b><br>Suite, Apt. #, etc.   |   | 3. Mailing Address<br><b>P.O. Box 884</b><br>Suite, Apt. #, etc.   |  |
| City & State<br><b>Williston, FL 32696</b><br>Zip Country   |   | City & State<br><b>Williston, FL 32696</b><br>Zip Country  |  |
| 4. FEI Number<br><b>23-7140456</b>  |   | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   | <b>\$8.75 Additional Fee Required</b>  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>C T CORPORATION SYSTEM</b><br><b>1200 SOUTH PINE ISLAND ROAD</b><br><b>PLANTATION, FL 33324</b>   |   | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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.<br><div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 30%;">           SIGNATURE <i>Barbara A. Burke</i><br/> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> <b>Barbara A. Burke</b><br/> <b>Special Assistant Secretary</b> </div> <div style="width: 20%; text-align: right;"> <i>2/14/08</i><br/> <small>DATE</small> </div> </div> |   |  |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2008</b>   |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                      |  |
| <b>Make check payable to Florida Department of State</b>  |   |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>MIGNON, CRAIG<br>232 NW MAIN ST<br>WILLISTON, FL 32696<br><input checked="" type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>Ed Donovan<br>P.O. Box 454<br>Morrison, FL 32668<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TD<br>SALTMAN, ROSELLE<br>3131 NE 192 AVE.<br>WILLISTON, FL 32696<br><input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | 1VPD<br>VACHON, ADELIA<br>18851 NE 75 ST.<br>WILLISTON, FL 32696<br><input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | SD<br>JONES, DEBRA<br>547 NW 2ND AVE.<br>WILLISTON, FL 32696<br><input checked="" type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SD<br>Mignon Craig<br>P.O. Box 763, Williston, FL 32696<br><input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | 2VPD<br>DONOVAN, EDWARD<br>P.O. BOX 454<br>MORRISTON, FL 32668<br><input checked="" type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>Anne Radick<br>6230 NE 185 Terr, Williston, FL 32696<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>CHRISTMAN, WILLIAM<br>8151 NE 178 TERR.<br>WILLISTON, FL 32696<br><input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>Dorothy Whiteman<br>206 NE 1st Ave., Williston, FL 32696<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> 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.  |   |  |  |
| <b>SIGNATURE:</b> <i>Mignon Craig</i> <b>Mignon Craig, Secretary</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   | <b>02/04/2008 352-528-3323</b><br><small>Date Daytime Phone #</small>  |  |