2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722054

FILED Feb 16, 2009 Secretary of State

Entity Name: WILLISTON AREA CHAPTER #912 OF AARP, INC.

Current Principal Place of Business: New Principal Place of Business:

WILLISTON UM CHURCH
250 NE 6TH BLVD
WILLISTON, FL 32696
WILLISTON, FL 32696

Current Mailing Address: New Mailing Address:

P.O. BOX 884

WILLISTON, FL 32696 US

FEI Number: 23-7140456 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

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.

iii tile State of Florid

SIGNATURE: _____

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Date

itle: PD () Delete Title: PD (X) Change () Addition

 Name:
 DONOVAN, ED
 Name:
 VACHON, ADELIA

 Address:
 PO BOX 454
 Address:
 18551 NE 75 STREET

 City-St-Zip:
 MORRISTON, FL 32668
 City-St-Zip:
 WILLISTON, FL 32696

Title: TD () Delete Title: TD (X) Change () Addition Name: SALTMAN, ROSELLE Name: CRAIG, MIGNON

 Name:
 SALTMAN, ROSELLE
 Name:
 CRAIG, MIGNON

 Address:
 3131 NE 192 AVE.
 Address:
 330 NE THIRD AVENUE

 City-St-Zip:
 WILLISTON, FL 32696
 City-St-Zip:
 WILLISTON, FL 32696

Title: 1VPD () Delete Title: 1VPD (X) Change () Addition

 Name:
 VACHON, ADELIA
 Name:
 RADACK, ANNE

 Address:
 18851 NE 75 ST.
 Address:
 6230 NE 185 TERRACE

 City-St-Zip:
 WILLISTON, FL 32696
 City-St-Zip:
 WILLISTON, FL 32696

Title: SD () Delete Title: SD (X) Change () Addition

 Name:
 MIGNON, CRAIG
 Name:
 SALTMAN, ROSLYN

 Address:
 PO BOX 763
 Address:
 3131 NE 192 AVENUE

 City-St-Zip:
 WILLISTON, FL 32696
 City-St-Zip:
 WILLISTON, FL 32696

Title: 2VPD () Delete Title: 2VPD (X) Change () Addition

 Name:
 RADICK, ANNE
 Name:
 FUGATE, MARIE

 Address:
 6230 NE 185 TERR
 Address:
 P.O. BOX 72

City-St-Zip: WILLISTON, FL 32696 City-St-Zip: MORRISTON, FL 32668

Title: D () Delete Title: () Change () Addition Name: WHITEMAN, DOROTHY Name:

 Name:
 WHITEMAN, DOROTHY
 Name:

 Address:
 206 NE 1ST AVE
 Address:

 City-St-Zip:
 WILLISTON, FL 32696
 City-St-Zip:

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: MIGNON CRAIG TREA 02/16/2009

Electronic Signature of Signing Officer or Director

Date