2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2009
Secretary of State

DOCUMENT# 722054

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

Current Principal Place of Business:

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

New Principal Place of Business:

330 NE THIRD AVENUE
WILLISTON, FL 32696

Current Mailing Address:

P.O. BOX 884
WILLISTON, FL 32696 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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: PD ( ) Delete
Name: DONOVAN, ED
Address: PO BOX 454
City-St-Zip: MORRISTON, FL 32668

Title: TD ( ) Delete
Name: SALTMAN, ROSELLE
Address: 3131 NE 192 AVE.
City-St-Zip: WILLISTON, FL 32696

Title: 1VPD ( ) Delete
Name: VACHON, ADELIA
Address: 18851 NE 75 ST.
City-St-Zip: WILLISTON, FL 32696

Title: SD ( ) Delete
Name: MIGNON, CRAIG
Address: PO BOX 763
City-St-Zip: WILLISTON, FL 32696

Title: 2VPD ( ) Delete
Name: RADICK, ANNE
Address: 6230 NE 185 TERR
City-St-Zip: WILLISTON, FL 32696

Title: D ( ) Delete
Name: WHITEMAN, DOROTHY
Address: 206 NE 1ST AVE
City-St-Zip: WILLISTON, FL 32696

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: VACHON, ADELIA
Address: 18551 NE 75 STREET
City-St-Zip: WILLISTON, FL 32696

Title: TD (X) Change ( ) Addition
Name: CRAIG, MIGNON
Address: 330 NE THIRD AVENUE
City-St-Zip: WILLISTON, FL 32696

Title: 1VPD (X) Change ( ) Addition
Name: RADACK, ANNE
Address: 6230 NE 185 TERRACE
City-St-Zip: WILLISTON, FL 32696

Title: SD (X) Change ( ) Addition
Name: SALTMAN, ROSLYN
Address: 3131 NE 192 AVENUE
City-St-Zip: WILLISTON, FL 32696

Title: 2VPD (X) Change ( ) Addition
Name: FUGATE, MARIE
Address: P.O. BOX 72
City-St-Zip: MORRISTON, FL 32668

Title: ( ) Change ( ) Addition
Name:
Address:
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