2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2011
Secretary of State

DOCUMENT# 722054

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

Current Principal Place of Business:

330 NE THIRD AVENUE
WILLISTON, FL 32696

New Principal Place of Business:

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
Name: CRAIG, MIGNON
Address: 330 NE THIRD AVENUE
City-St-Zip: WILLISTON, FL 32696

Title: TD
Name: WHITEMAN, DOROTHY
Address: 206 NE FIRST AVENUE
City-St-Zip: WILLISTON, FL 32696

Title: 1VPD
Name: FUGATE, MARIE
Address: P.O. BOX 72
City-St-Zip: MORRISTON, FL 32668

Title: 2VPD
Name: WILSON, VERA
Address: P O BOX 1213
City-St-Zip: BRONSON, FL 32621

Title: D
Name: GAUDY, GRACE
Address: 5590 NE 160TH AVENUE
City-St-Zip: WILLISTON, FL 332696

Title: D
Name: BACORN, JUNE
Address: 11150 NW 160TH AVENUE
City-St-Zip: WILLISTON, FL 32696

I hereby 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 all other like empowered.

SIGNATURE: MIGNON CRAIG PRES 02/15/2011

Electronic Signature of Signing Officer or Director Date