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Secretary of State
05-07-2003 90173 027 ****70.00

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

5/7

DOCUMENT # 722054

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

Principal Place of Business	Mailing Address
C/O REBA GREENE CR 547-632, RT. 1, BOX 632 MORRISTON, FL 32668	C/O REBA GREENE CR 547, 4750 S.E. 160 AVE. MORRISTON, FL 32668 US

55047498

[redacted]

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Williston Wm Church	AARP Chapter #912
Suite, Apt. #, etc. 213 W Noble Ave.	Suite, Apt. #, etc. P.O. Box 1863
City & State Williston FL	City & State Bronson FL
Zip / Country 32696 / Levy	Zip / Country 32621 / Levy

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 _____ DATE

FILING FEE $30.00

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	PD CHRISTMAN, WILLIAM 9151 IVE-178 TERR. WILLISTON, FL	☐ Delete D	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition *
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD WILLIAMS, CORNELIUS 21061 N.E. 40 ST. WILLISTON, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1st Vice President Traynor, John PO Box 700 Bronson FL 32621 D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BUTLER, CONNIE 4266 E. 2ND STREET WILISTON, FL D	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MIKELL, DOROTHY 3560 S.E. 180 AVE. MORRISTON, FL 32668	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Miller, Patricia 915 NE 178 Terr Williston FL 32696 D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2nd Vice President Zinetti, Angie 4051 SE State Rd 121 Morriston FL 32668 D	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Executive Board Chairman Adelia I Vachon 18851 NE 75th St Williston FL 32696 D	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Adelia Vachon Exec Bd Chairman 4-14-03 352-528-5224
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #

ADELIA I VACHON

Attachment 55047498
#722054

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

May 23, 2003

WILLISTON AREA CHAPTER #912 OF AMERICAN ASSOCIATION OF
AARP CHAPTER #912
P.O. BOX 1868
BRONSON, FL 32621 US

Subject: **WILLISTON AREA CHAPTER #912 OF AMERICAN ASSOCIATION OF**

Reference Number: **722054**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling $70.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Florida nonprofit corporations are required to have at least 3 directors or trustees. Please place the letter "D" or "T" beside the names and business addresses of each director or trustee.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/RH
ANNUAL REPORTS SECTION

6-9-03
Corrections have been made as directed.
Please return the Certificate to me in the enclosed stamped and self addressed envelope. The people that are responsible for checking the P.O. Box only do this about once a month.