

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 10, 2004 8:00 am**  
**Secretary of State**

02-10-2004 90028 007 \*\*\*\*61.25

**DOCUMENT # 723658**

1. Entity Name

TITUSVILLE CHAPTER #1031 OF AARP, INC.



Principal Place of Business

ASSOCIATION OF RETIRED PERSONS INC  
3550 S. WASHINGTON AVE. SUITE 13A  
TITUSVILLE FL 32780

Mailing Address

ASSOCIATION OF RETIRED PERSONS INC  
3550 S. WASHINGTON AVE. SUITE 13A  
TITUSVILLE FL 32780

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7175273

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

BOLYARD, FRANK  
2935 LONG LAKE DR  
TITUSVILLE FL 32780

Name

EDWINA TUTOLO

Street Address (P.O. Box Number is Not Acceptable)

1502 ELM TERRACE

City

TITUSVILLE

FL

Zip Code

32780

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

Edwina Tutolo

2.3.04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MOSES, IVA JOY  
2768 DEMARET  
TITUSVILLE FL 32780 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
GRAINGER, WILSON  
1165 BONNYMEDE DR  
TITUSVILLE FL 32796 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
TUTOLO, EDWINA  
1502 ELM TERR  
TITUSVILLE FL 32780 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
WENTZ, CHARLES  
3690 SAWGRASS RD  
TITUSVILLE FL 32780 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
CONRAD, CATHERINE  
4601 ZOLTAN DR  
TITUSVILLE FL 32780 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
SHARPE, HELEN  
887 TENNESSEE ST  
TITUSVILLE FL 32780 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SECRETARY  
FLORENCE STROM  
113 McNEELA DR  
TITUSVILLE, FL 32780 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Vice-PRESIDENT  
BETTY EASTMORE  
1412 LAS VERDES CT  
TITUSVILLE FL 32780 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TREASURER  
MICHAEL TUTOLO  
1502 ELM TERR  
TITUSVILLE, FL 32780 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DIRECTOR  
SIDNEY UDITIS  
735 FOREST RD  
TITUSVILLE, FL 32780 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ 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)(l), 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: Edwina Tutolo

2.3.04

(321) 269-4221

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #