



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 12, 2005 08:00 AM
Secretary of State

DOCUMENT # 723658 1. Entity Name TITUSVILLE CHAPTER #1031 OF AARP, INC.					
Principal Place of Business ASSOCIATION OF RETIRED PERSONS INC 909 LANE AVE TITUSVILLE FL 32780			Mailing Address ASSOCIATION OF RETIRED PERSONS INC 909 LANE AVE TITUSVILLE FL 32780		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 23-7175273	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TUTOLO, EDWINA 1502 ELM TERR TITUSVILLE FL 32780				7. Name and Address of New Registered Agent 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 <u><i>Edwina Tutolo</i></u> <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE <u>3.7.05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	S STROM, FLORENCE 113 MCNEELA DR TITUSVILLE FL 32780	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V EASTMORE, BETTY 1412 LAS VERDES CT TITUSVILLE FL 32780	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TUTOLO, MICHAEL 1502 ELM TER TITUSVILLE FL 32780	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WENTZ, CHARLES 3690 SAWGRASS RD TITUSVILLE FL 32780	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UDITIS, SIDNEY 735 FOREST RD TITUSVILLE FL 32780	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHARPE, HELEN 887 TENNESSEE ST TITUSVILLE FL 32780	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Edwina Tutolo</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <u>3.7.05</u> <small>Daytime Phone #</small>	