

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2006 8:00 am
Secretary of State

02-20-2006 90055 046 ****61.25

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
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/05)

4. FEI Number 23-7175273	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

8. 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	
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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* DATE 2.7.06

Signature typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reappointing)

FILE NOW: FEE IS \$81.25 Due By: May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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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 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V EASTMORE, BETTY 1412 LAS VERDES CT TITUSVILLE FL 32780 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T TUTOLO, MICHAEL 1502 ELM TER TITUSVILLE FL 32780 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD WENTZ, CHARLES 3690 SAWGRASS RD TITUSVILLE FL 32780 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D UDITIS, SIDNEY 735 FOREST RD TITUSVILLE FL 32780 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHARPE, HELEN 887 TENNESSEE ST TITUSVILLE FL 32780 ☐ Delete	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 exemptions contained in Section 119, 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* 3.9.06 (2.7.06)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #