


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90038 011 ****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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TUTOLO, EDWINA 1502 ELM TERR TITUSVILLE, FL 32780			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	PHIL ERICSON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2320 ST. ANDREWS DR TITUSVILLE, FL 32780		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V EASTMORE, BETTY 717 PEACHTREE ST TITUSVILLE, FL 32780 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP IVATOY MOSES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2768 DAMARCT DR TITUSVILLE, FL 32780		
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	RICK FUGARO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 13410 CHENEY HWY TITUSVILLE, FL 32780		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WENTZ, CECILE 3690 SAWGRASS RD TITUSVILLE, FL 32780 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RICHARD FRINGS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3260 LESTER AVE MIMS, FL 32754		
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	SHIRLEY HUNDLEY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4634 ZOLTAN DR TITUSVILLE, FL 32796		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHARPE, HELEN 887 TENNESSEE ST TITUSVILLE, FL 32780 <input checked="" 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 exemptions contained in Chapter 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: <u>Edwin Tutolo</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date <u>April 4 2008</u> <u>(321-269-422)</u>					