

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723658

FILED
Feb 24, 2009
Secretary of State

Entity Name: TITUSVILLE CHAPTER #1031 OF AARP, INC.

Current Principal Place of Business:

ASSOCIATION OF RETIRED PERSONS INC
909 LANE AVE
TITUSVILLE, FL 32780

New Principal Place of Business:

Current Mailing Address:

ASSOCIATION OF RETIRED PERSONS INC
909 LANE AVE
TITUSVILLE, FL 32780

New Mailing Address:

FEI Number: 23-7175273

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TUTOLO, EDWINA
1502 ELM TERR
TITUSVILLE, FL 32780 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: STROM, FLORENCE
Address: 113 MCNEELA DR
City-St-Zip: TITUSVILLE, FL 32780

Title: VP () Delete
Name: IVAJOY, MOSES
Address: 2768 DOMARET DR.
City-St-Zip: TITUSVILLE, FL 32780

Title: T () Delete
Name: TUTOLO, MICHAEL
Address: 1502 ELM TER
City-St-Zip: TITUSVILLE, FL 32780

Title: D () Delete
Name: FRINGS, RICHARD
Address: 3260 LESTER AVE
City-St-Zip: MIMS, FL 32754

Title: D () Delete
Name: UDITIS, SIDNEY
Address: 735 FOREST RD
City-St-Zip: TITUSVILLE, FL 32780

Title: D () Delete
Name: ERICSONS, PHIL
Address: 2320 ST. ANDREWS DR.
City-St-Zip: TITUSVILLE, FL 32780

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWINA TUTOLO

PRES

02/24/2009

Electronic Signature of Signing Officer or Director

Date