

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90057 002 ****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

**MOSES, IVA JOY
2768 DEMARET
TITUSVILLE, FL 32780**

7. Name and Address of New Registered Agent

Name

FRANK BOLYARD

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

2935 LONG LAKE DR

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 Frank Bolyard, President 1-09-2003

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

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 **PD** ☐ Delete
NAME **MOSES, IVA JOY**
STREET ADDRESS **2768 DEMARET**
CITY-ST-ZIP **TITUSVILLE FL 32780**

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

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

TITLE **SD** ☒ Delete
NAME **PERRY, JANE**
STREET ADDRESS **2285 FRUITWOOD CT**
CITY-ST-ZIP **TITUSVILLE FL 32780**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DIRECTOR** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VICE PRESIDENT** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TREASURER** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **CHARLES WENTZ** ☐ Change ☒ Addition
NAME **3690 SAWGRASS RD**
STREET ADDRESS **TITUSVILLE FL 32780**
CITY-ST-ZIP

TITLE **CATHERINE CONRAD** ☐ Change ☒ Addition
NAME **4601 ZOLTAN DR**
STREET ADDRESS **TITUSVILLE FL 32780**
CITY-ST-ZIP

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

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: SIGNATURE REQUIRED 1-09-2003 321-268-4649

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)