

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723761

FILED
Jan 10, 2005
Secretary of State

Entity Name: WINTER PARK CHAPTER #1047 OF AARP, INC.

Current Principal Place of Business:

989 EASTBROOK BLVD
WINTER PARK, FL 32792 US

New Principal Place of Business:

Current Mailing Address:

989 EASTBROOK BLVD
WINTER PARK, FL 32792 US

New Mailing Address:

FEI Number: 23-7183313 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, HELEN E
989 EASTBROOK BLVD
WINTER PARK, FL 32792 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: PD () Delete
Name: JONES, HELEN E
Address: 989 EASTBROOK BLVD
City-St-Zip: WINTER PARK, FL 32792 US

Title: VPD () Delete
Name: LEWIS, CHARLES
Address: 114 BRIAR PATCH CT
City-St-Zip: LONGWOOD, FL 32750 US

Title: SD () Delete
Name: BARE, MARGARET
Address: 906 ALTALOMA AVE
City-St-Zip: WINTER PARK, FL 32803 US

Title: TD () Delete
Name: MROCKZOWSKI, ALFRED
Address: 161 SHELLPOINT WEST
City-St-Zip: MAITLAND, FL 32751 US

Title: D () Delete
Name: DAMUTH, MARY
Address: 1591 EASTBROOD BLVD
City-St-Zip: WINTER PARK, FL 32792 US

Title: D () Delete
Name: HARMS, DORA
Address: 161 SHELL POINT WEST
City-St-Zip: MAITLAND, FL 32751 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change () Addition
Name: HERBERT, CODRINGTON
Address: 5102 CINDERLANE PKWY APT 312
City-St-Zip: ORLANDO, FL 32808 US

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

Title: D (X) Change () Addition
Name: SOULE, SHIRLEY
Address: 984 LAS FLORES WAY
City-St-Zip: ORLANDO, FL 32804 US

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: HELEN E. JONES

PD

01/10/2005

Electronic Signature of Signing Officer or Director

Date