## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 723761**

FILED Jan 05, 2006 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 989 EASTBROOK BLVD WINTER PARK, FL 32792 US **Current Mailing Address: New Mailing Address:** 989 EASTBROOK BLVD WINTER PARK, FL 32792 US FEI Number: 23-7183313 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JONES, HELEN E 989 EASTBROOK BLVD WINTER PARK, FL 32792 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition JONES, HELEN E Name: Name: 989 EASTBROOK BLVD Address: Address: City-St-Zip: WINTER PARK, FL 32792 US City-St-Zip: VPD Title: () Delete Title: (X) Change ( ) Addition LEWIS, CHARLES Name: HARMS, DORA Name: Address: 114 BRIAR PATCH CT Address: 161 SHELL POINT WEST City-St-Zip: LONGWOOD, FL 32750 US City-St-Zip: MAITLAND, FL 32751 US Title: () Delete Title: SD (X) Change ( ) Addition HERBERT, CODRINGTON ARNOLD, LYNETTE Name: Name: 5102 CINDERLANE PKWY APT 312 Address: Address: 10348 BUCK ROAD City-St-Zip: ORLANDO, FL 32808 US City-St-Zip: ORLANDO, FL 32817 US Title: TD ( ) Delete Title: TD (X) Change ( ) Addition Name: MROCZKOWSKI, ALFRED Name: LEWIS, CHARLES Address: 161 SHELLPOINT WEST Address: 114 BRIAR PATCH CT City-St-Zip: MAITLAND, FL 32751 US City-St-Zip: LONGWOOD, FL 32750 US Title: () Delete Title: (X) Change ( ) Addition SOULE, SHIRLEY HANNA, LOUISE Name: Name: 984 LAS FLORES WAY 625 GLENARDEN ROAD Address: Address: City-St-Zip: ORLANDO, FL 32804 US City-St-Zip: WINTER PARK, FL 32792 US Title: () Delete Title: (X) Change ( ) Addition HARMS, DORA WRIGHT, BARBARA Name: Name: Address: 161 SHELL POINT WEST Address: 2893 CAREW AVE

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

SIGNATURE: HELEN E. JONES PD 01/05/2006

MAITLAND, FL 32751 US

City-St-Zip:

WINTER PARK, FL 32789 US