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# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 723977

1. Entity Name
JACKSONVILLE-ARLINGTON CHAPTER #1089 OF AARP, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUN 10 PM 12:00

| Principal Place of Business | Mailing Address |
|---|---|
| 10935 INDIES DR NO<br>JACKSONVILLE, FL 32246 US | 10935 INDIES DR NO<br>156<br>JACKSONVILLE, FL 32246 US |

03142003 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
23-7191215
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SATTERFIELD, JOSEPHINE J
10935 INDIES DR NO
JACKSONVILLE, FL 32246

**DO NOT WRITE IN THIS SPACE**

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $61.25**
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | D |
| NAME | TURNER, RUTH |
| STREET ADDRESS | 2524 MITCHELL PLACE |
| CITY-ST-ZIP | JACKSONVILLE, FL 32207 |
| TITLE | P |
| NAME | TAYLOR, CHARLES |
| STREET ADDRESS | 4719 WASCH BLVD |
| CITY-ST-ZIP | JACKSONVILLE, FL 322078917 |
| TITLE | VP |
| NAME | WAGNER, MARSHALL |
| STREET ADDRESS | 6327 MANEY DR S |
| CITY-ST-ZIP | JACKSONVILLE, FL 32216 |
| TITLE | D |
| NAME | SHAFFER, PAULINE |
| STREET ADDRESS | 2103 GLEN GARNER DR. |
| CITY-ST-ZIP | JACKSONVILLE, FL 32246 |
| TITLE | D |
| NAME | KIMAK, WILLIAM |
| STREET ADDRESS | 560 BAY RIDGE RD |
| CITY-ST-ZIP | JACKSONVILLE, FL 32216 |
| TITLE | ~~D~~ CHANGE |
| NAME | SATTERFIELD, JOSEPHINE J |
| STREET ADDRESS | 10935 INDIES DR NO |
| CITY-ST-ZIP | JACKSONVILLE, FL 32246 |

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06/16/04--01005--017 **61.25

**DO NOT WRITE IN THIS SPACE**

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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:** Josephine J Satterfield 6/7/04 904644-2215
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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

DOCUMENT # 723977

1. Entity Name
JACKSONVILLE-ARLINGTON CHAPTER #1089 OF AARP INC.

## DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

DO NOT WRITE IN THIS SPACE

4. FEI Number ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

## DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

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: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FEE IS $61.25** Initial or Amended UBR

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 S<br>NAME DAVIS, GINNY<br>STREET ADDRESS 2735 ELISA DR W<br>CITY-ST-ZIP JACKSONVILLE, FL 32216 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| TITLE T<br>NAME THORNTON, ANNE<br>STREET ADDRESS 3418 EMERALD ISLE C.W<br>CITY-ST-ZIP JACKSONVILLE, FL 32216 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| TITLE D<br>NAME OSTEEN, ELMER<br>STREET ADDRESS 1981 PARENTAL HOME RD<br>CITY-ST-ZIP JACKSONVILLE, FL 32216 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| TITLE D<br>NAME SATTERFIELD, JOSEPHINE<br>STREET ADDRESS 10935 INDIES DR N<br>CITY-ST-ZIP JACKSONVILLE, FL 32246 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| TITLE D<br>NAME TURNER, RUTH<br>STREET ADDRESS 2524 MITCHELL PLACE<br>CITY-ST-ZIP JACKSONVILLE, FL 32207 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |

## DO NOT WRITE IN THIS SPACE

CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Josephine Satterfield 6/7/04 904-641-7215