2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 11, 2005 8:00 am
Secretary of State
05-11-2005 90127 041 ****61.25

DOCUMENT # 723977

1. Entity Name

JACKSONVILLE-ARLINGTON CHAPTER #1089 OF AARP, INC.

50051660

Principal Place of Business	Mailing Address
10935 INDIES DR NO JACKSONVILLE FL 32246 US	10935 INDIES DR NO 156 JACKSONVILLE FL 32246 US

1st MOORE CR2E037 (10/04)

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 23-7191215 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SATTERFIELD, JOSEPHINE J 10935 INDIES DR NO JACKSONVILLE FL 32246	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TURNER, RUTH 2524 MITCHELL PLACE JACKSONVILLE FL 32207	☐ Delete	P THORNTON, ANNE 3418 EMERALD ISLE CW JACKSONVILLE, FL 32216	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P TAYLOR, CHARLES 4719 WASCH BLVD JACKSONVILLE FL 32207-8917	☒ Delete	VP MARY ROWLING 1745 SHERIDAN ST JACKSONVILLE, FL 32207	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WAGNER, MARSHALL 6327 MANEY DR S JACKSONVILLE FL 32216	☒ Delete	S, DAVIS, GINNY 2735 ELISA DR W JACKSONVILLE, FL 32216	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHAFFER, PAULINE 2103 GLEN GARNER DR. JACKSONVILLE FL 32246	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KIMAK, WILLIAM 560 BAY RIDGE RD JACKSONVILLE FL 32216	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SATTERFIELD, JOSEPHINE J 10935 INDIES DR NO JACKSONVILLE FL 32246	☐ Delete	T SATTERFIELD, JOSEPHINE J. 10935 INDIES DR NO JACKSONVILLE, FL 32246	☒ Change ☐ Addition

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 Josephine J Satterfield 5/5/05 904-641-7215
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #