# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**Aug 06, 2007 8:00 am**
**Secretary of State**
08-06-2007 90032 017 ****61.25

DOCUMENT # 723977

1. Entity Name

JACKSONVILLE-ARLINGTON CHAPTER #1089 OF AARP, INC.

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

2nd MOORE CR2E037 (4/07)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| 1330 Bellemeade Bv. | 1330 Bellemeade Bv. |
| Suite, Apt. #, etc | Suite, Apt. #, etc |
| City & State: Jax, Fl. | City & State: Jax., Fl, |
| Zip: 32211-6013 Country: Duval | Zip: 32211-6013 Country: Duval |

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

**7. Name and Address of New Registered Agent**

Name: Harold L. Smith
Street Address (P.O. Box Number is Not Acceptable): 1330 Bellemeade Blvd.
City: Jacksonville FL Zip Code: 32211

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: Harold L. Smith 7/31/07
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**
**Due By September 5, 2007**

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 | P<br>THORNTON, ANNIE<br>3418 EMERALD ISLE CW<br>JACKSONVILLE FL 32216 | ☐ Delete | P<br>Mary Rowling<br>1745 Sheridan St.<br>Jax., Fl. 32207 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>ROWLING, MARY<br>1745 SHERIDAN ST<br>JACKSONVILLE FL 32207 | ☐ Delete | V<br>Doreen Cookson<br>1619 El Prado Rd. #1<br>Jax., Fl. 32216 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>DAVIS, GINNY<br>2735 ELISA DR W<br>JACKSONVILLE FL 32216 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SHAFFER, PAULINE<br>2103 GLEN GARNER DR.<br>JACKSONVILLE FL 32246 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>KIMAK, WILLIAM<br>560 BAY RIDGE RD<br>JACKSONVILLE FL 32216 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>SATTERFIELD, JOSEPHINE J<br>10935 INDIES DR NO<br>JACKSONVILLE FL 32246 | ☐ Delete | T<br>Harold L. Smith<br>1330 Bellemeade Blvd.<br>Jax., Fl. 32211-6013 | ☒ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** Harold L. Smith 7/31/07 (904)725-6887
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR