2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2008 8:00 am
Secretary of State
03-24-2008 90038 018 ****61.25

DOCUMENT # 723977

1. Entity Name

JACKSONVILLE-ARLINGTON CHAPTER #1089 OF AARP, INC.

Principal Place of Business	Mailing Address
1330 BELLEMEADE BLVD JACKSONVILLE FL 32211-6013 US	1330 BELLEMEADE BLVD JACKSONVILLE FL 32211-6013 US

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1330 Bellemeade Bv.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville, Fl.	City & State
Zip: 32211-6013 Country: Duval	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
SMITH, HAROLD L 1330 BELLEMEADE BLVD JACKSONVILLE FL 32211-6013	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: Harold L. Smith 3/12/08
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 May 1, 2008

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 THORNTON, ANNIE 3418 EMERALD ISLE CW JACKSONVILLE FL 32216	☒ Delete	P Rowling, Mary 1745 Sheridan St. Jax., Fl. 32207	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ROWLING, MARY 1330 BELLEMEADA BLVD JACKSONVILLE FL 32207	☒ Delete	V.P. Cookson, Doreen 1649 El Prado Rd. #1 Jax, Fl. 32210	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DAVIS, GINNY 2735 ELISA DR W JACKSONVILLE FL 32216	☒ Delete	S Wallace, Annabelle 7400 Hogan Rd. Apt. 117 Jax, Fl. 32216	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHAFFER, PAULINE 2103 GLEN GARNER DR. JACKSONVILLE FL 32246	☐ Delete	T Smith, Harold 1330 Bellemeade Bv. Jacksonville, Fl. 32211-6013	☐ 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	T SATTERFIELD, JOSEPHINE J 10935 INDIES DR NO JACKSONVILLE FL 32246	☒ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 Harold Smith, Treasurer 3/12/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date