2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State
04-09-2003 90142 016 ****61.25

DOCUMENT # 723977

1. Entity Name

JACKSONVILLE-ARLINGTON CHAPTER #1089 OF AARP, IN C.

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

☐ CHECK HERE IF MAKING CHANGES

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 _____
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

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 HOEL, PAULINE 1015 IBIS RD JACKSONVILLE FL 32216	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TURNER, RUTH 2524 Mitchell Place Jacksonville FL 32207	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DWYER, ROSEMARY 3395 BRUNSWICK RD. JACKSONVILLE FL 32207-8917	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Taylor, Charles 4719 Wesch Blvd Jacksonville FL 32207	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP TAYLOR, CHARLES 4719 WESCH BLVD JACKSONVILLE FL 32207	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Wagoner, Marshall 6327 Maney Dr. S. Jacksonville FL 32216	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHAFFER, PAULINE 2103 GLEN GARNER DR. JACKSONVILLE FL 32246	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~WILLAM, KIMAK~~ KIMAK, William 560 BAY RIDGE RD JACKSONVILLE FL ~~32211~~ 32216	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SATTERFIELD, JOSEPHINE J 10935 INDIES DR NO JACKSONVILLE FL 32246	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPHINE J. SATTERFIELD Josephine J. Satterfield 4/8/03 904644-7215