

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725582

FILED  
Sep 08, 2009  
Secretary of State

**Entity Name:** BAY COUNTY CHAPTER #1315 OF AARP, INC.

**Current Principal Place of Business:**

1900 WEST 11TH ST  
PANAMA CITY, FL 32401 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 15953  
PANAMA CITY, FL 32406 US

**New Mailing Address:**

**FEI Number:** 23-7247826 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

DAY, BARBARA A  
1120 TENNESSEE AVE  
LYNN HAVEN, FL 32444 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: SD ( ) Delete  
Name: POLITE, ELLA SUE  
Address: 1207 E 9TH ST  
City-St-Zip: PANAMA CITY, FL 32401

Title: V ( ) Delete  
Name: ETRESS, DORIS  
Address: 2403 WEST 21ST STREET  
City-St-Zip: PANAMA CITY, FL 32405

Title: D ( ) Delete  
Name: GAINER, ODEAL  
Address: 6614 NADINE RD  
City-St-Zip: PANAMA CITY, FL 32404

Title: P ( ) Delete  
Name: HAMMOND, JEANIE  
Address: 922 BOB LITTLE ROAD  
City-St-Zip: PANAMA CITY, FL 32404

Title: P ( ) Delete  
Name: DAY, BARBARA  
Address: 1120 TENNESSEE AVE  
City-St-Zip: LYNN HAVEN, FL 32444

Title: SD ( ) Delete  
Name: DRIVER, JEAN  
Address: 2511 EAST 9TH ST  
City-St-Zip: PANAMA CITY, FL 32401

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEANIE HAMMOND

P

09/08/2009

Electronic Signature of Signing Officer or Director

Date