

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725582

FILED
Jan 07, 2010
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 ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: JEANIE HAMMOND

P

01/07/2010

Electronic Signature of Signing Officer or Director

Date