


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90020 028 ****70.00

DOCUMENT # 725844 1. Entity Name LOWER KEYS CHAPTER #1351 OF AARP, INC.					
Principal Place of Business 1016 GEORGIA ST KEY WEST, FL 33050 US			Mailing Address 1016 GEORGIA ST KEY WEST, FL 33040		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 23-7261316	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CARLISLE, FRANCES 1513 5TH ST KEY WEST, FL 33040				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	B CHARLES, KAMPER <input checked="" type="checkbox"/> Delete 3362 FLAGLER AVE KEY WEST, FL 33040		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DARLEEN BENNETT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 619 MICKENS LANE KEY WEST, FL 33040	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DOMENECH, ANN <input type="checkbox"/> Delete 1006 16TH TERR KEY WEST, FL 33040		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FARALDO, NORMA <input checked="" type="checkbox"/> Delete 1501 17TH TERR KEY WEST, FL 33040		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ANITA WOODRUFF <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1901 S ROOSEVELT # 101 N KEY WEST, FL 33040	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARLISLE, FRANCES <input type="checkbox"/> Delete 1513 5TH ST KEY WEST, FL 33040		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EGGEBRAATEN, BRAD <input checked="" type="checkbox"/> Delete 2911 PATTERSON ST KEY WEST, FL 33040		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLORA RUEDA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3437 FLAGLER AVE KEY WEST, FL 33040	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARKER, JENNIE <input type="checkbox"/> Delete 1518 DUNCAN ST KEY WEST, FL 33040		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Frances Carlisle</u> - FRANCES CARLISLE 2/25/08 305-292-2159 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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