2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2009
Secretary of State

DOCUMENT# 725844

Entity Name: LOWER KEYS CHAPTER #1351 OF AARP, INC.

Current Principal Place of Business:

1016 GEORGIA ST
KEY WEST, FL 33050 US

New Principal Place of Business:

Current Mailing Address:

1016 GEORGIA ST
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 23-7261316 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARLISLE, FRANCES
1513 5TH ST
KEY WEST, FL 33040 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: D ( ) Delete
Name: BENNETT, DARLEEN
Address: 619 MICKENS LANE
City-St-Zip: KEY WEST, FL 33040

Title: T ( ) Delete
Name: DOMENECH, ANN
Address: 1006 16TH TERR
City-St-Zip: KEY WEST, FL 33040

Title: S ( ) Delete
Name: WOODRUFF, ANITA
Address: 1901 S ROOSEVELT #101 N
City-St-Zip: KEY WEST, FL 33040

Title: P ( ) Delete
Name: CARLISLE, FRANCES
Address: 1513 5TH ST
City-St-Zip: KEY WEST, FL 33040

Title: D ( ) Delete
Name: RUEDA, FLORA
Address: 3437 FLAGLER AVE
City-St-Zip: KEY WEST, FL 33040

Title: D ( ) Delete
Name: PARKER, JENNIE
Address: 1518 DUNCAN ST
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change ( ) Addition
Name: HULTS, ROBERTA
Address: 410 3RD STREET
City-St-Zip: KEY WEST, FL 33040

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: FRANCES CARLISLE P 03/30/2009

Electronic Signature of Signing Officer or Director — Date