


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 04, 2007 8:00 am**  
**Secretary of State**

06-04-2007 90010 036 \*\*\*\*61.25

<b>DOCUMENT # 727547</b> 1. Entity Name SATELLITE BEACH CHAPTER #1413 OF AARP, INC.					
Principal Place of Business INDIAN HBC BCH RECREATION CTR 1233 YACHT CLUB BLVD INDIAN HARBOUR BEACH, FL 32937 US			Mailing Address 1001 W EAU GALLIE BLVD UNIT 104 MELBOURNE, FL 32935 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 23-7307662	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent  EDWARDS, NORMA E 1001 W EAU GALLIE BLVD UNIT 104 MELBOURNE, FL 32935			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			DATE		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			DATE		
<b>Filing Fee is \$61.25 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SPRING, TRIPP 668 W EAU GALLIE BLVD MELBOURNE, FL 32935	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D PHILIP KOECHLEIN 973 DELMAR CIRCLE W. MELBOURNE, FL 32904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KOECHLEIN, PHILLIP 973 DEL MAR CIRCLE W MELBOURNE, FL 32904	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D CUMMINS, KATHLEEN 6017 TURTLE BEACH LANE COCOA BEACH, FL 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CORS KEATING, MARY 2700 N HWY A1A INDIALANTIC, FL 32903	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	--- <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CORS COFFEY, JOYCE 612 CORNELL AVE MELBOURNE, FL 32901	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	--- <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EDWARDS, NORMA 1001 W EAU GALLIE BLVD UNIT 104 MELBOURNE, FL 32905	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	--- <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLON, PABLO 1725 SEAGRAPE CT PALM BAY, FL 32905	<input type="checkbox"/> Delete		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.					
<b>SIGNATURE:</b> <u>Norma E. Edwards (NORMA E. EDWARDS)</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				5-29-07 <small>Date</small>	
				321-259-8989 <small>Daytime Phone #</small>	