2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 12, 2006 8:00 am Secretary of State DOCUMENT # 730853 1. Entity Name 04-12-2006 90088 017 ****61.25 SILVER SPRINGS, FLORIDA CHAPTER #1862 OF AARP, Principal Place of Business Mailing Address 191 NE 63RD CT OCALA FL 34470 191 NE 63RD CT OCALA FL 34470 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State Applied For City & State 4. FEI Number 23-7392605 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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 . Signature, lyped or printed name of registered agent and title it (upplicable (NOFE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10 OFFICERS AND DIRECTORS 11. PD TITLE THTLE ☐ Addition **∠** Delete WARD, ALICE 1601 N.E. 36TH COURT DEITZ, ALICE NAME NAME 6535 N.E. 1ST PLACE STREET ADDRESS STREET ADDRESS OCALA, FL. 34470 OCALA FL 34470 CITY - ST - 7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE TITLE ETTY J. NICHOLLS SENIOR, GEORGIA NAME NAME 125 N.E. 64 IM TERR. OCALA, FL. 34470 6417 NE 2ND STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OCALA FL 34470-1824 CITY-ST-ZIP VD Delete TITLE TCHIE, RUBY WARD, ALICE NAME MAME 155 N.E. 64 IH TERR. STREET ADDRESS 1601 N.E. 36TH COURT STREET ADDRESS CITY-ST-ZIP OCALA FL 34470 CITY-ST-ZIP OCALA FL. 34470 Delete ☐ Change ☐ Addition TITLE TITLE SHIELDS, DOROTHY DRIPPS, JOHNNIE 1836 S.E. LAKE WEIR ROAD OCALA FL. 34471 MAME NAME STREET ADDRESS 18 FIR TRAIL PASS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

☐ Delete

☐ Delete

1

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

OCALA FL 34472

AUGER, DORIS

OCALA FL 34470

KUHN, NANCY

3279 NW 47TH AVE.

OCALA FL 34482

4534 N.E. 12TH STREET

GEORGIA SENIOR Apr. 7, 2006 (352) 236-3626

DIRECTOR

DI

☐ Change

Change

Addition

Addition