


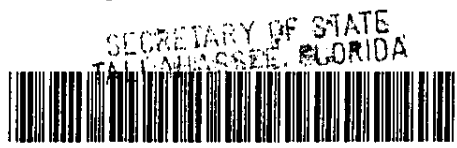
# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

|   |   |
|---|---|
| <b>DOCUMENT # 730853</b><br>1. Entity Name<br>SILVER SPRINGS, FLORIDA CHAPTER #1862 OF AARP, INC. |  |
|---|---|

FILED

09 JUN 25 PM 4:21

|   |   |
|---|---|
| Principal Place of Business<br>191 NE 63RD CT<br>Ocala FL 34470<br>US | Mailing Address<br>191 NE 63RD CT<br>Ocala FL 34470<br>US |
|---|---|



|   |                                      |
|---|--------------------------------------|
| 2. Principal Place of Business - No P.O. Box #<br>6417 NE 2ND ST. | 3. Mailing Address<br>6417 NE 2ND ST |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc.                  |

1st MOORE CR2E037 (10/06)

|                           |                          |
|---------------------------|--------------------------|
| City & State<br>Ocala, FL | City & State<br>Ocala FL |
| Zip<br>34470              | Country<br>MARION        |

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>23-7392605 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br><br>C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION FL 33324 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

|   |   |  |
|---|---|--|
| <b>FILE NOW FEE IS \$61.25</b><br><b>Due By May 1, 2007</b><br><i>check #1668</i> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees | <b>Make Check Payable to Florida Department of State</b> |
|---|---|--|

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>WARD, ALICE<br>1601 N.E. 36TH COURT<br>Ocala FL 34470        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | PD<br>JANEANNE DUDZINSKI<br>515 SW 2ND AVE APT. 7<br>Ocala FL 34471 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>SENIOR, GEORGIA<br>6417 NE 2ND STREET<br>Ocala FL 34470-1824 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | VP/D<br>JOHNNIE DRIPPS<br>1836 SE LAKE WIER AVE.<br>Ocala, FL 34471 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>WARD, ALICE<br>1601 N.E. 36TH COURT<br>Ocala FL 34470        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>MEARLINE WILLIAMS<br>1537 N. MAGNOLIA<br>Ocala FL 34475        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>NICHOLLS, BETTY J<br>125 N.E. 64TH TERR.<br>Ocala FL 34470   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>ALICE WARD<br>160 NE 36th COURT<br>Ocala, FL 34470             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>AUGER, DORIS<br>4534 N.E. 12TH STREET<br>Ocala FL 34470       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | 900157775109<br>06/25/09--01036--003 **61.25                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>KUHN, NANCY<br>3279 NW 47TH AVE.<br>Ocala FL 34482            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | Change Addition   |

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.

SIGNATURE: *Georgia Senior* / GEORGIA SENIOR Date: *June 23, 2009* (352) 236-3626