


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 17, 2005 8:00 am**  
**Secretary of State**

05-17-2005 90013 001 \*\*\*\*61.25

<b>DOCUMENT # 732684</b>	
1. Entity Name <b>GILCHRIST COUNTY CHAPTER #2133 OF AARP, INC.</b>	

Principal Place of Business <b>214 S W 3RD AVENUE TRENTON FL 32693 US</b>	Mailing Address <b>10269 S SANTA FE AVE TRENTON FL 32693 US</b>
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2. Principal Place of Business	3. Mailing Address <b>6191 SW County Rd 344</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>Trenton FL</b>	City & State <b>Trenton FL</b>
Zip <b>32693</b>	Country <b>USA</b>



1st MOORE CR2E037 (10/04)

4. FEI Number <b>NO-T APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>SCRUGGS, JAMES C 10269 S SANTA FE AVE TRENTON FL 32693</b>	7. Name and Address of New Registered Agent Name <b>CORNWELL, Geneva D. (Dr.)</b> Street Address (P.O. Box Number is Not Acceptable) <b>6191 SW County Rd 344</b> City <b>Trenton</b> FL Zip Code <b>32693</b>
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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 *Dr. Geneva D. Cornwell*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SCRUGGS, JAMES C 10269 SO SANTA FE AVE TRENTON FL 32693 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Monnye Brown P.O. Box 1075 Trenton FL 32693 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANSFIELD, MARY J 226 SW 5TH AVE TRENTON FL 32693 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Nancy Padgett 1269 NW 82nd Terrace Bell FL 32619 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DA COSTA, JEAN L 8441 NW 115TH ST. CHIEFLAND FL 32626 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Dr. Geneva D. Cornwell 6191 SW County Rd 344 Trenton FL 32693 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROBERTS, IRIS 1010 SOUTH MAIN ST BELL FL 32619 <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 THOMAS, JOAN P.O. BOX 1018 TRENTON FL 32693-1018 <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 POPE, HAROLD 4020 SE 17 T TRENTON FL 32693 <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 exemption stated in Section 119.07(3)(i), 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: *Iris Roberts, Treas.* **5/13/05** **(52) 463-2130**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

40084300

732684

To whom It may Concern:

Please accept my  
apology for this late  
payment.

It was due to the  
death of my twin sister  
which resulted in my  
absence.

If there is a late  
charge please notify  
me and I will take  
care of it personally.

Thanks,

Iris Roberts  
Heas,

P.O. Box 68

Bell, IL

32619

