2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#732684

FILED Jul 03, 2006 Secretary of State

Entity Name: GILCHRIST COUNTY CHAPTER #2133 OF AARP, INC.

Current Principal Place of Business: New Principal Place of Business: 214 S W 3RD AVENUE TRENTON, FL 32693 LIS **Current Mailing Address: New Mailing Address:** C/O NANCY PADGETT 6191 SW COUNTY RD. 344 1269 NW 82ND TER. TRENTON, FL 32693 US BELL, FL 32619 FFI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORNWELL, GENEVA D 6191 SW COUNTY RD, 344 TRENTON, FL 32693 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete VPD () Change () Addition BROWN, MONNIE Name: Name: P.O. BOX 1075 Address: Address: City-St-Zip: TRENTON, FL 32693 City-St-Zip: Title: SD () Delete Title: () Change () Addition PADGETT, NANCY Name: Name: Address: 1269 NW 82NS TERR Address: City-St-Zip: BELL, FL 32619 City-St-Zip: Title: () Delete Title: () Change () Addition CORNWELL, GENEVA DR Name: Name: 6191 SW COUNTRY RD, 344 Address: Address: City-St-Zip: TRENTON, FL 32693 City-St-Zip: Title: TD () Delete Title: TD (X) Change () Addition ROBERTS, IRIS Name: Name: ROBERTS, IRIS 1010 SOUTH MAIN ST Address: Address: PO BOX 68 City-St-Zip: BELL, FL 32619 City-St-Zip: BELL, FL 32619 Title: () Delete Title: () Change () Addition THOMAS, JOAN Name: Name: P.O. BOX 1018 Address: Address: TRENTON, FL 326931018 City-St-Zip: City-St-Zip: Title: () Delete Title: (X) Change () Addition DURDEN, RANDY POPE, HAROLD Name: Name: Address: 4020 SE 17 T Address: PO BOX 251 TRENTON, FL 32693 BELL, FL 326`19 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: GENEVA D. CORNWELL PRES 07/03/2006