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

## Aug 25, 2006 8:00 am Secretary of State **DOCUMENT # 732684** 1. Entity Name 08-25-2006 90001 033 \*\*\*\*61.25 GILCHRIST COUNTY CHAPTER #2133 OF AARP, INC. Principal Place of Business Mailing Address 214 S W 3RD AVENUE 6191 SW COUNTY RD. 344 TRENTON FL 32693 TRENTON FL 32693 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 2nd MOORE CR2E037 (4/06) Applied For City & State 4. FE! Number City & State NO-T APPLICABLE Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORNWELL, GENEVA D Street Address (P.O. Box Number is Not Acceptable) 6191 SW COUNTY RD, 344 TRENTON FL 32693 Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By September 6, 2006 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE VPD BROWN, MONNIE MORRY Brown, Monnye NAME NAME P.O. BOX 1875 1076 STREET ADDRESS STREET ADDRESS P.O. Box 1076 TRENTON FL 32693 CITY-ST-ZIP CITY-ST-ZIP Trenton, Fl 32693 SD TITLE ☐ Delete TITLE ☐ Change Addition PADGETT, NANCY NAME 1269 NW 82NS TERR STREET ADDRESS STREET ADDRESS BELL FL 32619 CITY-S1-ZIP CITY-ST-ZIP TITLE D: Delete THILE :Cnange Addition CORNWELL, GENEVA DR NAME NAME 6191 SW COUNTRY RD, 344 STREET ADDRESS STREET ADDRESS TRENTON FL 32693 CITY-S1-ZIP CITY - ST - ZIP TD TITLE ☐ Delete TITLE ☐ Change ☐ Addition ROBERTS, IRIS NAME PO BOX 68 STREET ADDRESS STREET ADDRESS BELL FL 32619 CITY - ST - ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition THOMAS, JOAN NAME NAME P.O. BOX 1018 STREET ADDRESS STREET ADDRESS TRENTON FL 32693-1018 CITY-ST-ZIP CITY-ST-ZIE TITLE Delete Change Addition DURDEN, RANDY NAME NAME **PO BOX 251** STREET ADDRESS STREET ADDRESS BELL FL 326¢1-9 CITY-ST-ZIP

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.

SIGNATURE:

**FILED** 

(352)

463-6375

8/21/2006