

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732684

FILED
Jan 25, 2008
Secretary of State

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

Current Principal Place of Business:

214 S W 3RD AVENUE
TRENTON, FL 32693 US

New Principal Place of Business:

Current Mailing Address:

1269 NW 82ND TER.
BELL, FL 32619 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PADGETT, NANCY
1269 NW 82ND TER.
BELL, FL 32619 US

Name and Address of New Registered Agent:

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:

Title: VPD () Delete
Name: POPE, MEVEREE C
Address: 4020 SE 17TH TRAIL
City-St-Zip: TRENTON, FL 32693

Title: SD () Delete
Name: AVERY, PATSY A
Address: 1619 NORTH PARIS STREET
City-St-Zip: BELL, FL 32619

Title: PD () Delete
Name: PADGETT, NANCY
Address: 1269 NW 82ND TER.
City-St-Zip: BELL, FL 32619

Title: TD () Delete
Name: ROBERTS, IRIS
Address: PO BOX 68
City-St-Zip: BELL, FL 32619

Title: D () Delete
Name: THOMAS, JOAN
Address: P.O. BOX 1018
City-St-Zip: TRENTON, FL 326931018

Title: D () Delete
Name: DURDEN, RANDY
Address: PO BOX 251
City-St-Zip: BELL, FL 32619

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: DURDEN, RANDY
Address: P. O. BOX 251
City-St-Zip: BELL, FL 32619

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: AVERY, RAYMOND
Address: 1619 N PARIS ST.
City-St-Zip: BELL, FL 32619

I hereby certify that the information supplied with this filing does not qualify 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: NANCY PADGETT

PD

01/25/2008

Electronic Signature of Signing Officer or Director

Date