

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 09, 2004 8:00 am
Secretary of State

06-09-2004 90001 021 ****61.25

DOCUMENT # 733974

1. Entity Name

**ST. AUGUSTINE SOUTH-WEST AREA CHAPTER #2276
OF AARP, INC.**



Principal Place of Business

**112 CAPTAIN'S POINTE CIR
ST AUGUSTINE FL 32086**

Mailing Address

**112 CAPTAIN'S POINTE CIR
ST AUGUSTINE FL 32086**

44046330



MOORE

CR2E037 (4/04)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

51-0148078

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PACE, IRENE ☐ Delete
STREET ADDRESS 145 DELTONA BLVD.
CITY-ST-ZIP ST. AUGUSTINE FL 32086

TITLE VD
NAME MCCARTHY, MARY LOU ☐ Delete
STREET ADDRESS 604 BAYWOOD TRAIL
CITY-ST-ZIP ST AUGUSTINE FL 32086

TITLE TD
NAME KIRCHHOFF, EDWARD J ☐ Delete
STREET ADDRESS 112 CAPTAIN'S POINTE CIRCLE
CITY-ST-ZIP ST AUGUSTINE FL 32086

TITLE SD
NAME WINTER, EVELYN H ☐ Delete
STREET ADDRESS 985 DORADO DR.
CITY-ST-ZIP ST. AUGUSTINE FL 32086

TITLE D
NAME KNIGHT, MINNICE ☒ Delete
STREET ADDRESS 256 MONTEREY AVE
CITY-ST-ZIP ST. AUGUSTINE FL 32095

TITLE D
NAME HARKNESS, WILLIAM ☐ Delete
STREET ADDRESS 718 NIEVES LANE
CITY-ST-ZIP SAINT AUGUSTINE FL 32086

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME HARKNESS, SHIRLEY
STREET ADDRESS 718 NIEVES LANE
CITY-ST-ZIP ST. AUGUSTINE, FL 32086

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Edward J. Kirchhoff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWARD J. KIRCHHOFF 6-1-04

Date

904-797-6178

Daytime Phone #