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

DOCUMENT # 733974

1. Entity Name



FILED Apr 12, 2005 8:00 am Secretary of State

04-12-2005 90140 017 ****61.25

OF AARP, INC.								
Principal Place of Business		Mailing Address						
112 CAPTAIN'S POINTE CIR ST AUGUSTINE FL 32086		112 CAPTAIN'S POINTE CIR ST AUGUSTINE FL 32086						
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1st MOORE CR	2E037	(10/04)	
City & State		City & State		4	4. FEI Number			
Zip	Country	Zip	Country	5	i. Certificate of Status Desired		8.75 Additional se Required	
6. Name and Address of Current Registered Agent				7	7. Name and Address of New Registered Agent			
							,	
C'T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD			Street Ac	Street Address (P.O. Box Number is Not Acceptable)				
PLANTATION FL 33324							j	
. A 1.7 8 m		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 tide if applicable (NOTE Registered Agent signature required when reinstating) DATE								
Due By May 1 2005 Trust Fund Contribution. Added to Fees Florida						epartn	Payable to nent of State	
10. OFFICERS AND DIRECTORS 11.			11.	ADI	DITIONS/CHANGES TO OFFICERS A	ND DIRE	CTORS IN 10	
THILE	PD IDENIE	☐ Delete	TITLE			ĺ	Change Addition	
10.002	PACE, IRENE	•	NAME					
STREET ADDRESS CITY-ST-ZIP	145 DELTONA BLVD. ST. AUGUSTINE FL 32086		STREET ADDRESS CITY-ST-ZIP					

TITLE Delete TITLE Change Addition MCCARTHY, MARY LOU NAME NAME **604 BAYWOOD TRAIL** STREET ADDRESS STREET ADDRESS ST AUGUSTINE FL 32086 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete ☐ Change KIRCHHOFF, EDWARD J NAME NAME 112 CAPTAIN'S POINTE CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST AUGUSTINE FL 32086 CITY+ST-ZIP THILE Delete THTLE ☐ Addition Change WINTER, EVELYN H NAME NAME 985 DORADO DR. STREET ADDRESS STREET ADDRESS ST. AUGUSTINE FL 32086 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition HARKNESS, SHIRLEY NAME NAME 718 NIEVES LANE STREET ADDRESS STREET ADDRESS SAINT AUGUSTINE FL 32086 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change TITLE ☐ Addition HARKNESS, WILLIAM TIS NIEVES LANE SAINT AUGUSTINE, FL 32086 HARKNESS, WILLIAM NAME NAME 718 NIEVES LANE STREET ADDRESS STREET ADDRESS SAINT AUGUSTINE FL 32086 CITY-ST-ZIP 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.