

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

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

04-12-2005 90140 017 ****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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)



4. FEI Number

51-0148078

Applied For

Not Applicable

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 May 1, 2005

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Change Addition
NAME **VD HARKNESS, WILLIAM**
STREET ADDRESS **718 NIEVES LANE**
CITY-ST-ZIP **SAINT AUGUSTINE, FL 32086**

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. Kirchoff EDWARD J. KIRCHHOFF

4-5-05 904-797-6178

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #