

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

**CT 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	PACE, IRENE	
STREET ADDRESS	145 DELTONA BLVD.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MCCARTHY, MARY LOU	
STREET ADDRESS	604 BAYWOOD TRAIL	
CITY-ST-ZIP	ST AUGUSTINE FL 32086	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KIRCHHOFF, EDWARD J	
STREET ADDRESS	112 CAPTAIN'S POINTE CIRCLE	
CITY-ST-ZIP	ST AUGUSTINE FL 32086	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WINTER, EVELYN H	
STREET ADDRESS	985 DORADO DR.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARKNESS, SHIRLEY	
STREET ADDRESS	718 NIEVES LANE	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32086	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARKNESS, WILLIAM	
STREET ADDRESS	718 NIEVES LANE	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32086	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VD HARKNESS, WILLIAM		
STREET ADDRESS	718 NIEVES LANE		
CITY-ST-ZIP	SALT LAKEVILLE FL 32801		