

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90367 016 \*\*\*\*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

4. FEI Number

51-0148078

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/05)



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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, 2006**

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

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

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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* EDWARD J. KIRCHHOFF 4/1/06 904-797-6179