

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: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State: _____
 Zip: _____ Country: _____

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
**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: _____ (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	<input type="checkbox"/> Delete
NAME	PACE, IRENE	
STREET ADDRESS	145 DELTONA BLVD.	
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 checked="" 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	VD	<input type="checkbox"/> Delete
NAME	HARKNESS, WILLIAM	
STREET ADDRESS	718 NIEVES LANE	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32086	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 checked="" type="checkbox"/> Addition
NAME	SD KIRCHHOFF MARY J.	
STREET ADDRESS	112 CAPTAIN'S PTE CIR.	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32086	
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		

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. Kirchoff EDWARD J. KIRCHHOFF 4/1/06 904-797-6179