


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 30, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 733974</b> 1. Entity Name <b>ST. AUGUSTINE SOUTH-WEST AREA CHAPTER #2276 OF AARP, INC.</b>	
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Principal Place of Business <b>112 CAPTAIN'S POINTE CIR ST AUGUSTINE FL 32086</b>	Mailing Address <b>112 CAPTAIN'S POINTE CIR ST AUGUSTINE FL 32086</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address	4. FEI Number <b>51-0148078</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State	City & State	2nd MOORE CR2E037 (4/07)	
Zip	Country	Zip	Country

<b>6. Name and Address of Current Registered Agent</b>  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
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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 \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By September 5, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>PACE, IRENE</b> <b>145 DELTONA BLVD.</b> <b>ST. AUGUSTINE FL 32086</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <b>U00000773063</b> <b>08/30/07-80003-012 61.25</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>KIRCHHOFF, EDWARD J</b> <b>112 CAPTAIN'S POINTE CIRCLE</b> <b>ST AUGUSTINE FL 32086</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>KIRCHOFF, MARY J</b> <b>112 CAPTAINS PTE CIR</b> <b>SAINT AUGUSTINE FL 32086</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HARKNESS, SHIRLEY</b> <b>718 NIEVES LANE</b> <b>SAINT AUGUSTINE FL 32086</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>HARKNESS, WILLIAM</b> <b>718 NIEVES LANE</b> <b>SAINT AUGUSTINE FL 32086</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 information.

SIGNATURE: Edward J. Kirchhoff EDWARD J. KIRCHHOFF 9-21-07 904-797-6178