

2009 ~~2008~~ **NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

DOCUMENT # 733974
 1. Entity Name
ST. AUGUSTINE SOUTH-WEST AREA CHAPTER #2276 OF AARP, INC.



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

09 APR 24 PH 1:03

Principal Place of Business Mailing Address
112 CAPTAIN'S POINTE CIR ST AUGUSTINE FL 32086 **112 CAPTAIN'S POINTE CIR ST AUGUSTINE FL 32086**



2. Principal Place of Business - No. P.O. Box 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

1st MOORE CR2E037 (10/07)
 4. FEI Number Applied For
51-0148078 No. 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 Accepted)
 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
600152413956
04/24/09--01046--015 **\$1.25
 SIGNATURE _____ DATE _____
Signature of person who is registered agent and the filer (or filer's Registered Agent secretary if used when registering)

FILE NOW: FEE IS \$61.25
Due By May 1, 2009

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 NAME STREET ADDRESS CITY-STATE-ZIP	PD NAME DENNEY, BRENDA <input checked="" type="checkbox"/> Delete 1120 DELORME BLVD. 2124 CENTURY BLVD. E. ST. AUGUSTINE FL 32086 32084
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TD <input type="checkbox"/> Delete KIRCHHOFF, EDWARD J 112 CAPTAIN'S POINTE CIRCLE ST AUGUSTINE FL 32086
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SD <input checked="" type="checkbox"/> Delete KIRCHOFF, MARY J 112 CAPTAINS PTE CIR SAINT AUGUSTINE FL 32086
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D <input type="checkbox"/> Delete HARKNESS, SHIRLEY 718 NIEVES LANE SAINT AUGUSTINE FL 32086
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD <input checked="" type="checkbox"/> Delete HARKNESS, WILLIAM 718 NIEVES LANE SAINT AUGUSTINE FL 32086
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete B 4/28/09

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME STREET ADDRESS CITY-STATE-ZIP
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition SD SIEWERT, ESTHER 707 MEDINA CT. ST. AUGUSTINE, FL 32086
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PD HARKNESS, WILLIAM 718 NIEVES LANE ST. AUGUSTINE, FL 32086
TITLE NAME STREET ADDRESS CITY-STATE-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 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** 904-797-1178