

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 06, 2002 8:00 am**  
**Secretary of State**

07-16-2002 90366 049 \*\*\*\*61.25

**DOCUMENT # 734063**

1. Entity Name  
**MIDDLE KEYS CHAPTER #2324 OF AARP, INC.** ✓

Principal Place of Business      Mailing Address

**33 STREET, GULF**      **33 STREET, GULF**  
**P.O. BOX 500537**      **P.O. BOX 500537**  
**MARATHON FL 33050**      **MARATHON FL 33050**  
**US**      **US**

2. Principal Place of Business      3. Mailing Address

**33RD ST. GULF**      **33RD ST. GULF**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

**MARATHON FL.**      **MARATHON, FL.**

Zip      Country      Zip      Country

**33050**      **MONROE**      **33050**      **MONROE**

4. FEI Number      Applied For

**59-1626871**      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required

    



DO NOT WRITE IN THIS SPACE

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

After September 13, 2002, min. will be \$236.25.

9. Election Campaign Financing Trust Fund Contribution.      \$5.00 May Be Added to Fees

    

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	SOUDA, JOYCE	
STREET ADDRESS	38 72ND ST.	
CITY-ST-ZIP	MARATHON FL 33050	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	RAMSEY, BARBARA	
STREET ADDRESS	583 50TH ST., GULF	
CITY-ST-ZIP	MARATHON FL 33050	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	FRIEDMAN, MILDRED	
STREET ADDRESS	PO BOX 500725	
CITY-ST-ZIP	MARATHON FL 33050-0725	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	BROWN, ROBERT	
STREET ADDRESS	204 91ST ST., APT #1	
CITY-ST-ZIP	MARATHON FL 33050	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	MORABITO, RITA	
STREET ADDRESS	470 52ND ST., GULF	
CITY-ST-ZIP	MARATHON FL 33050	
TITLE	DT	<input type="checkbox"/> Delete
NAME	CUMMINS, WILLIAM	
STREET ADDRESS	PO BOX 510103	
CITY-ST-ZIP	MARATHON FL 33050	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN DALATA	
STREET ADDRESS	PO BOX 510416	
CITY-ST-ZIP	KEY COLONY BEACH, FL, 33051	
TITLE	TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIEDMAN, MILDRED	
STREET ADDRESS	PO BOX 506725	
CITY-ST-ZIP	MARATHON, FL. 33050-0725	
TITLE	SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUMMINS, WILLIAM	
STREET ADDRESS	PO BOX 510103	
CITY-ST-ZIP	MARATHON, FL. 33050	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: \_\_\_\_\_ DATE: **July 13, 02** (305) 743-9008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (4/02)