

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90029 012 \*\*\*\*\*61.25

**DOCUMENT # 734063**

1. Entity Name

MIDDLE KEYS CHAPTER #2324 OF AARP, INC.



Principal Place of Business

33RD ST GULF  
MARATHON FL 33050  
US

Mailing Address

33RD ST GULF  
MARATHON FL 33050  
US

2. Principal Place of Business

33RD ST. GULF  
MARATHON

3. Mailing Address

33RD ST. GULF

Suite, Apt. #, etc.

MARATHON

Suite, Apt. #, etc.

City & State

FL

City & State

MARATHON, FL

Zip

33050

Country

MONROE

Zip

33050

Country

MONROE

4. FEI Number

59-1626871

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

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, 2004**

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 SD *TREASURER* ☐ Delete  
NAME FRIEDMAN, MILDRED  
STREET ADDRESS PO BOX 500725  
CITY-ST-ZIP MARATHON FL 33050-0725

TITLE PD ☐ Delete  
NAME CUMMINS, WILLIAM  
STREET ADDRESS PO BOX 510103  
CITY-ST-ZIP KEY COLONY BEACH FL 33051

TITLE VPD ☐ Delete  
NAME BIKOFISKY, HENRY  
STREET ADDRESS 1121 CALLE ESSANADA  
CITY-ST-ZIP MARATHON FL 33050

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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:** *Mildred Friedman Secretary*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/1/04 305-289-7642*  
Date Daytime Phone #