2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734063

FILED Jul 01, 2005 Secretary of State

Entity Name: MIDDLE KEYS CHAPTER #2324 OF AARP, INC.

Current Principal Place of Business: New Principal Place of Business:

33RD ST GULF

MARATHON, FL 33050 US

Current Mailing Address: New Mailing Address:

33RD ST GULF

MARATHON, FL 33050 US

FEI Number: 59-1626871 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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.

SIGNATURE:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

(X) Change () Addition

() Delete FRIEDMAN, MILDRED MIKLE, DORIS Name: Name: Address: PO BOX 500725 Address: 535 33RD GUFL City-St-Zip: MARATHON, FL 330500725 City-St-Zip: MARATHON, FL 33050

Title: PD () Delete Title: (X) Change () Addition

Name: CUMMINS, WILLIAM Name: CUMMINS, WILLIAM Address: PO BOX 510103 Address: PO BOX 510103

City-St-Zip: KEY COLONY BEACH, FL 33051 City-St-Zip: KEY COLONY BEACH, FL 33051

Title: VPD () Delete Title: PD (X) Change () Addition

BIKOFSKY, HENRY Name: BROWN, ROBERT Name: 1121 CALLE ESSANADA 535 33RD ST GULR Address: Address: City-St-Zip: MARATHON, FL 33050 City-St-Zip: MARATHON, FL 33050

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

VΡ SIGNATURE: WILLIAM R. CUMMINS 07/01/2005