

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734063

FILED  
Jan 31, 2006  
Secretary of State

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

**Current Principal Place of Business:**

33RD ST GULF  
MARATHON, FL 33050 US

**New Principal Place of Business:**

**Current Mailing Address:**

33RD ST GULF  
MARATHON, FL 33050 US

**New Mailing Address:**

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

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

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

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: SD ( ) Delete  
Name: MIKLE, DORIS  
Address: 535 33RD GUFL  
City-St-Zip: MARATHON, FL 33050

Title: VPD ( ) Delete  
Name: CUMMINS, WILLIAM  
Address: PO BOX 510103  
City-St-Zip: KEY COLONY BEACH, FL 33051

Title: PD ( ) Delete  
Name: BROWN, ROBERT  
Address: 535 33RD ST GULR  
City-St-Zip: MARATHON, FL 33050

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPD (X) Change ( ) Addition  
Name: CUMMINS, SHARON  
Address: PO BOX 510103  
City-St-Zip: KEY COLONY BEACH, FL 33051

Title: PD (X) Change ( ) Addition  
Name: CUMMINS, WILLIAM  
Address: 535 33RD ST GULR  
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 Chapter 119, 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.

SIGNATURE: WILLIAM R CUMMINS

PRES

01/31/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date