

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734063

FILED
May 07, 2009
Secretary of State

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

Current Principal Place of Business:

535 33RD ST GULF
MARATHON, FL 33050 US

New Principal Place of Business:

Current Mailing Address:

535 33RD ST GULF
MARATHON, FL 33050 US

New Mailing Address:

535 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:

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: PD () Delete
Name: SOUDA, JOYCE
Address: 535 33RD ST GULF
City-St-Zip: MARATHON, FL 33050

Title: VPD () Delete
Name: SPINELLI, LAUREN A
Address: 535 33RD ST GULF
City-St-Zip: MARATHON, FL 33050

Title: TD () Delete
Name: HOERNER, DOROTHY Z
Address: 535 33RD ST GULF
City-St-Zip: MARATHON, FL 33050

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: MCCOY, TOM
Address: 535 33RD ST GULF
City-St-Zip: MARATHON, FL 33050

Title: V.P. (X) Change () Addition
Name: RASEMUS, SHIRLEY
Address: 535 33RD ST GULF
City-St-Zip: MARATHON, FL 33050

Title: 2-VP (X) Change () Addition
Name: ESPELAND, LINDA
Address: 535 33RD ST GULF
City-St-Zip: MARATHON, FL 33050

Title: SECY () Change (X) Addition
Name: BAKER, CLAUDIA
Address: 535 33RD ST., GULF
City-St-Zip: MARATHON, FL 33050

Title: TREA () Change (X) Addition
Name: VIDULICH, JULIA
Address: 535 33RD ST., GULF
City-St-Zip: MARATHON, FL 33050

I hereby certify that the information supplied with this filing does not qualify 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: TOM MCCOY

PRES

05/07/2009

Electronic Signature of Signing Officer or Director

Date