

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90014 016 ****61.25

DOCUMENT # 735357

1. Entity Name
BIG PINE KEY CHAPTER #2466 OF AARP, INC.



Principal Place of Business
**380 KEY DEER BLVD
KEY DEER BLVD.
BIG PINE KEY, FL 33043-4901 US**

Mailing Address
**380 KEY DEER BLVD
KEY DEER BLVD.
BIG PINE KEY, FL 33043-4901 US**



02222006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1876954

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**

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IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PDC
CARMAN, PHILLIP
30894 GRANADA AVE
BIG PINE KEY, FL 33043**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CPS
WAGNOR, JAMES DeLEA, BARBARA
29250 CHIEF KASAW ST 29121 IROQUOY
BIG PINE KEY, FL 33043**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
O'CONNOR, JEROME
31587 AVE "D"
BIG PINE KEY, FL 33043**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
EUBANKS, ELIZABETH
31587 AVE "D"
BIG PINE KEY, FL 33043**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Elizabeth R. Eubanks* **ELIZABETH R. EUBANKS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/06 **3/20/06**

DATE

305-872-9744 **305-872-9744**

DAYTIME PHONE #

Secretary