

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 31, 2008 8:00 am**  
**Secretary of State**

07-31-2008 90044 022 \*\*\*\*61.25

<b>DOCUMENT # 735357</b> 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	
2. Principal Place of Business - No P.O. Box # 380 Key Deer Blvd. Suite, Apt. #, etc. Key Deer Blvd. City & State Big Pine Key, FL Zip 33043-4901 Country US		3. Mailing Address 380 Key Deer Blvd. Suite, Apt. #, etc. Key Deer Blvd. City & State Big Pine Key, FL Zip 33043-4901 Country US	
4. FEI Number 59-1876954		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 Jim Newton Street Address (P.O. Box Number is Not Acceptable) 2047 Bahia Shores Rd. No Name Key City No Name Key FL Zip Code 33043	
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 <u>Jim Newton</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<u>Jim Newton</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State		DATE <u>July 13, 2008</u>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PDC NAME DERRETH, RICHARD STREET ADDRESS P.O. BOX 2121 CITY-ST-ZIP BIG PINE KEY, FL 33043	<input checked="" type="checkbox"/> Delete	TITLE PDC NAME Newton, Jim STREET ADDRESS 2047 Bahia Shores Rd. CITY-ST-ZIP No Name Key, FL. 33043	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE CPS NAME BARRE, MICHELINE STREET ADDRESS 29118 IRIS DR. CITY-ST-ZIP BIG PINE KEY, FL 33043	<input checked="" type="checkbox"/> Delete	TITLE CPS NAME Gerry Crabb STREET ADDRESS 31052 Ave. H CITY-ST-ZIP Big Pine Key, FL. 33043	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME EUBANKS, ELIZABETH STREET ADDRESS 31587 AVE "D" CITY-ST-ZIP BIG PINE KEY, FL 33043	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME DOTSON, LINDA STREET ADDRESS P.O. BOX 430093 CITY-ST-ZIP BIG PINE KEY, FL 33043	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Jim Newton</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>July 13, '08</u> (305) 872-4936 <small>Daytime Phone #</small>	