

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 24, 2004 8:00 am**  
**Secretary of State**

02-24-2004 90006 012 \*\*\*\*61.25

**DOCUMENT # 742019**

1. Entity Name

**NEW SMYRNA BEACH-EDGEWATER CHAPTER #3037 OF  
AARP, INC.**



Principal Place of Business

P.O. BOX NO. 1871  
NEW SMYRNA BEACH FL 32170

Mailing Address

P.O. BOX NO. 1871  
NEW SMYRNA BEACH FL 32170

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE CR2E037 (11/03)

4. FEI Number

95-3208632

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**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **BALLWAGE, FRANK**  
STREET ADDRESS **2217 YULE TREE DR**  
CITY-ST-ZIP **EDGEWATER FL 32141**

TITLE **P** ☐ Delete  
NAME **SINICKI, NANCY**  
STREET ADDRESS **3122 ROYAL PALM DR**  
CITY-ST-ZIP **EDGEWATER FL 32141-6112**

TITLE **AVP** ☒ Delete  
NAME **FERGUSON, WILLIAM**  
STREET ADDRESS **1508 VIRGINIA AVE 111A**  
CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE **TD** ☐ Delete  
NAME **O'ROURKE, RUTH**  
STREET ADDRESS **132 E. CONNECTICUT AVE**  
CITY-ST-ZIP **EDGEWATER FL 32132**

TITLE **T** ☐ Delete  
NAME **FERGUSON, DONNA**  
STREET ADDRESS **1508 VIRGINIA AVENUE 111A**  
CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE **D** ☐ Delete  
NAME **WATSON, JEANNETTE**  
STREET ADDRESS **4 LAUGHING GULL LANE**  
CITY-ST-ZIP **EDGEWATER FL 32141**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VP** ☒ Change ☐ Addition  
NAME **BALLWAGE, FRANK**  
STREET ADDRESS **2217 Yule Tree Dr**  
CITY-ST-ZIP **Edgewater, FL 32141**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:** *Donna Ferguson* **DONNA Ferguson**

**2/17/04**

**386-253-6346**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #