2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 742019

1. Entity Name
NEW SMYRNA BEACH-EDGEWATER CHAPTER #3037 OF AARP, INC.

Principal Place of Business	Mailing Address
P.O. BOX NO. 1871 NEW SMYRNA BEACH, FL 32170	P.O. BOX NO. 1871 NEW SMYRNA BEACH, FL 32170

DO NOT WRITE IN THIS SPACE

03062006 No Chg-NP CR2E037 (11/05)

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

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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

000004725661
03/29/06-80041-022 61.25

10.	OFFICERS AND DIRECTORS
TITLE	P
NAME	BOLLWEGE, FRANK
STREET ADDRESS	2217 YULE TREE DR
CITY-ST-ZIP	EDGEWATER, FL 32141
TITLE	V
NAME	TILISON, ARLENE
STREET ADDRESS	P.O. BOX 475
CITY-ST-ZIP	EDGEWATER, FL 32132
TITLE	S
NAME	DIBERNARDO, JOAN
STREET ADDRESS	2517 TRAVELERS DR
CITY-ST-ZIP	EDGEWATER, FL 32141
TITLE	D
NAME	TILISON, BUD
STREET ADDRESS	P.O. BOX 475
CITY-ST-ZIP	EDGEWATER, FL 32132
TITLE	T
NAME	FERGUSON, DONNA
STREET ADDRESS	1508 VIRGINIA AVENUE 111A
CITY-ST-ZIP	DAYTONA BEACH, FL 32114
TITLE	D
NAME	GNAW, CLARENCE
STREET ADDRESS	628 BELLA VISTA
CITY-ST-ZIP	EDGEWATER, FL 32141

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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: Donna Ferguson Donna Ferguson 3/13/06 386 253 6346
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #