## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## May 18, 2007 8:00 am DOCUMENT # 742019 ... Secretary of State 1. Entity Name 05-18-2007 90024 037 \*\*\*\*61.25 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 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State Applied For 4. FEI Number 95-3208632 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Rox Number is Not Acceptable) PLANTATION FL 33324 Zip Code 32141 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 ture, typed or printed name or registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25/ 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. III1E Delete TITLE Change ☐ Addition Merrill V. Tilison, Ir NAME **BOLLWEGE, FRANK** NAME PUBOX 475 STREET ADDRESS 2217 YULE TREE DR STREET ADDRESS CITY-SI-ZIP CUY-ST-7P Edgewater, Fl 32132 **EDGEWATER FL 32141** TITLE Delete 11111 Change ☐ Addition FRANK Bollwage 2217 Yule TreeDr NAME TILISON, ARLENE NAME STREET ADDRESS STREET ADDRESS P.O. BOX 475 32141 CHY-SI-ZIP **EDGEWATER FL 32132** CHY-ST-ZIP Edgewater, FI ☐ Delete TITLE Change Addition Anna Fiumara 2523 umbrella Dr NAME DIBERNARDO, JOAN NAME STREET ADDRESS 2517 TRAVELERS DR STREET ADDRESS CITY-S1-ZIP CHY-SI-7P Edgewater, F1 32141 **EDGEWATER FL 32141** HILE **Delele** THEF Change ☐ Addition Arlene J Tilison NAME NAME TILISON, BUD POBOX 475 STREET ADDRESS STREET ADDRESS P.O. BOX 475 CITY-ST-ZIP CHY-SI-ZIP Edgewater F1 32132 EDGEWATER FL 32132 TITLE .Delete ☐ Change Addition NAME FERGUSON, DONNA NAME 3118 Royal Palm Dr STREET ADDRESS STREET ADDRESS 1508 VIRGINIA AVENUE 111A CITY-ST-ZIP DAYTONA BEACH FL 32114 CHY-ST-ZIP TITLE 🙀 Delele TITLE ☐ Change Addition NAME GNAW, CLARENCE NAME STREET ADDRESS STREET ADDRESS **628 BELLA VISTA** CITY-ST-ZIP CITY-ST-7IP EDGEWATER FL 32141

12. I horeby cortify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 logal effect as if made under eath; 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:

3/14/07

FILED