2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 22, 2008 8:00 am **DOCUMENT # 742019 Secretary of State** 1. Entity Name 02-22-2008 90019 031 ****61.25 NEW SMYRNA BEACH-EDGEWATER CHAPTER #3037 OF AARP, INC. Mailing Address Principal Place of Business 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 (10/07) City & State City & State 4. FEI Number Applied For 95-3208632 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FIUMARA, ANNA Street Address (P.O. Box Number is Not Acceptable) 2523 UMBRELLA TREE DR. EDGEWATER FL 32141 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, typortier printed name of registered agent and title il applicable. (NOTE: Registered Agent signature required when reinstating) DATE name and gan garage and supplementation of the second seco FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to: \$5.00 May Be Due By May 1, 2008 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE TITLE Delete Change Addition ErMAN TILISON, MERRILL V JR. NAME NAME 37 Red OAK Street PO BOX 475 STREET ADDRESS STREET ADDRESS In SmynnA Black, FL 32/68 EDGEWATER FL 32132 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition BOLLWARE, FRANK NAME NAME 2217 YULE TREE DR. STREET ADDRESS STREET ADDRESS EDGEWATER FL 32141 CITY+ST-ZIE CITY-ST-7/P T/TLE ☐ Delete TITLE ■ Addition FIUMARA, ANNA NAME NAME STREET ADDRESS 2523 UMBRELLA DR. STREET ADDRESS CITY-ST-ZIP EDGEWATER FL 32141 CITY-ST-ZIP TITLE ☐ Delete TITLE [] Change □ Addition TILISON, ARLENE J NAME STREET ADDRESS PO BOX 475 STREET ADDRESS EDGEWATER FL 32132 CITY-ST-7IP CITY-ST-ZIP TOTLE ☐ Delete TITLE Change Addition FOSTER, JEAN NAME NAME 3118 ROYAL PALM DR. STREET ADDRESS STREET ADDRESS EDGEWATER FL 32141 CITY-ST-ZIP CITY-ST-ZIP TITLE **Delete** TITLE ☐ Change Addition GNAW, CLARENCE NAME 628 BELLA VISTA STREET ADDRESS STREET ADDRESS

12. I hereby certify 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 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.

CITY-ST-ZIP

SIGNATURE Lana Luniura Tras

EDGEWATER FL 32141

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21,5/08

FILED