

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742019

FILED
Mar 03, 2009
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

CITY OF NEW SMYRNA BEACH/CORONADO
NEW SMYRNA BEACH, FL 32170

Current Mailing Address:

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

New Mailing Address:

FEI Number: 95-3208632 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

FIUMARA, ANNA
2523 UMBRELLA TREE DR.
EDGEWATER, FL 32141 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TILISON, MERRILL V JR.
Address: PO BOX 475
City-St-Zip: EDGEWATER, FL 32132

Title: VP () Delete
Name: BOLLWARE, FRANK
Address: 2217 YULE TREE DR.
City-St-Zip: EDGEWATER, FL 32141

Title: T () Delete
Name: FIUMARA, ANNA
Address: 2523 UMBRELLA DR.
City-St-Zip: EDGEWATER, FL 32141

Title: D () Delete
Name: TILISON, ARLENE J
Address: PO BOX 475
City-St-Zip: EDGEWATER, FL 32132

Title: D () Delete
Name: FOSTER, JEAN
Address: 3118 ROYAL PALM DR.
City-St-Zip: EDGEWATER, FL 32141

Title: D () Delete
Name: RAUCH, HERMAN
Address: 2837 RED OAK STREET
City-St-Zip: NEW SMYRNA BEACH, FL 32168

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNA FIUMARA

TREA

03/03/2009

Electronic Signature of Signing Officer or Director

Date