2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE

Apr 18, 2006 8:00 am Secretary of State **DCCUMENT # 763431** 1. Entity Name 04-18-2006 90078 002 ****61.25 LAKE WALES CHAPTER #3416 OF AARP, INC. Mailing Address Principal Place of Business 129 E STUART AVENUE LAKES WALES FL 33853 129 E STUART AVENUE LAKES WALES FL 33853 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State City & State 4. FEI Number 59-3185888 Not Applicable Zip Country Zip \$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 Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Efection Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TD ☐ Delete TITLE ☐ Change Achold Dunbar 3501 N. Maring Parkway Lake Wales, FL 33898 BECKER, HUBERT NAME NAME 403 E. CENTRAL AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE WALES FL 33853 CITY-ST-782 ☐ Change TITLE Defete TITLE Addition BOWEN, FRED NAME NAME STREET ADDRESS 1106 ST. ANNE SHRIRE RD. STREET AODRESS LAKE WALES FL 33853 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition HESTER, JORDAN NAME NAME STREET ADDRESS 7258 HERON DR STREET ADDRESS City-St-7IP LAKE WALES FL 33859 CITY-ST-ZIP SD ☐ Delete TITLE ☐ Change ☐ Addition BECKER, SHARON NAME STREET ADDRESS 403 E. CENTRAL AVE. STREET ADDRESS LAKE WALES FL 33853 CITY-ST-ZIP CITY-ST-ZIP PD TITLE Delete TITLE ☐ Change ☐ Addition WARING, SHIRLEY NAME NAME 733 HUNT DRIVE STREET ADDRESS STREET ADDRESS LAKE WALES FL 33858 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition LABONTE, ELEANOR NAME 1101 ST. ANNE SNRINE RD. STREET ADDRESS STREET ADDRESS LAKE WALES FL 33853 CITY-ST-7IP CITY-ST-ZIP 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 receiver or furstee ampowered 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.

FILED