

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90082 004 ****61.25

DOCUMENT # 765362 1. Entity Name OKALOOSA COUNTY CHAPTER #3493 OF AARP, INC.			
Principal Place of Business 28 CHELSEA DRIVE NW FORT WALTON BEACH, FL 32547		Mailing Address 28 CHELSEA DRIVE NW FORT WALTON BEACH, FL 32547	
2. Principal Place of Business 105 Wright Pkwy SW #79 Suite, Apt. #, etc.		3. Mailing Address 105 Wright Pkwy SW Suite, Apt. #, etc. # 79	
City & State Fort Walton Beach FL		City & State Fort Walton Beach, FL	
Zip 32548		Zip 32548	
Country OKALOOSA		Country OK	
6. Name and Address of Current Registered Agent HOLLAND, THERESA M 28 CHELSEA DRIVE NW FORT WALTON BEACH, FL 32547		7. Name and Address of New Registered Agent Name: Roie Hamilton Street Address (P.O. Box Number is Not Acceptable) 105 Wright Pkwy SW #79 City: Fort Walton Beach FL Zip Code: 32548	
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: <i>Roie Hamilton</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE: 4-10-05 <small>(NOTE: Registered Agent signature required when reappointing)</small>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: P NAME: CARACAPPA, JOE STREET ADDRESS: 4104 DRIFTING SANDS TRAIL CITY-ST-ZIP: DESTIN, FL 32541	<input type="checkbox"/> Delete	TITLE: P NAME: Same STREET ADDRESS: Same CITY-ST-ZIP: Same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: AMARO, JEAN STREET ADDRESS: 4034 DRIFTING SANDS TRAIL CITY-ST-ZIP: DESTIN, FL 32541	<input type="checkbox"/> Delete	TITLE: VP NAME: Same STREET ADDRESS: Same CITY-ST-ZIP: Same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: HOLLAND, THERESA STREET ADDRESS: 28 CHELSEA DR NW CITY-ST-ZIP: FT WALTON BEACH, FL 32549	<input type="checkbox"/> Delete	TITLE: T NAME: Roie Hamilton STREET ADDRESS: 105 Wright Pkwy SW # 79 CITY-ST-ZIP: Fort Walton Beach, FL 32548	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: RS NAME: HALL, GAYLORD STREET ADDRESS: 329 CORAL DR SW CITY-ST-ZIP: FORT WALTON BEACH, FL 32548	<input type="checkbox"/> Delete	TITLE: RS NAME: Pat Leechin STREET ADDRESS: 13 Magnolia Dr. CITY-ST-ZIP: Mary Esther, FL 32569	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: FRITSCH, FLORENCE STREET ADDRESS: 32 MAGNOLIA AVE CITY-ST-ZIP: MARY ESTHER, FL 32569	<input type="checkbox"/> Delete	TITLE: D NAME: Janice Day STREET ADDRESS: 59 Beach Dr. CITY-ST-ZIP: Mary Esther, FL 32569	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: HOLLAND, HAL D STREET ADDRESS: 28 CHELSEA DR NW CITY-ST-ZIP: FT WALTON BCH, FL 32547	<input type="checkbox"/> Delete	TITLE: D NAME: Palmer McCoy STREET ADDRESS: 8 Brighton Ct CITY-ST-ZIP: Fort Walton Beach, FL 32547	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Roie Hamilton</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: 4-10-05 DAYTIME PHONE #: 850-244-6302	