


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90027 015 ****61.25

DOCUMENT # 765362 1. Entity Name OKALOOSA COUNTY CHAPTER #3493 OF AARP, INC.					
Principal Place of Business 105 WRIGHT PKWY SW #79 FORT WALTON BEACH, FL 32548 US			Mailing Address 105 WRIGHT PKWY SW #79 FORT WALTON BEACH, FL 32548 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 95-3764605	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HAMILTON, ROIE 105 WRIGHT PKWY SW #79 FORT WALTON BEACH, FL 32548				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>	
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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____					
Filing Fee is \$61.25 Due by September 14, 2007		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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
	JABLONKA, RUTH	327 SHANNON CT	FORT WALTON BEACH, FL 32548		Charlotte Parsons
	VP	28 CHelsea DR	FORT WALTON BEACH, FL 32547		46 SE Windham Ave
	HOLLAND, HAL	105 WRIGHT PKWY SW #79	FORT WALTON BEACH, FL 32548		Fort Walton Beach, FL 32548
	T	4 BAY CT	FORT WALTON BEACH, FL 32548		
	RS	59 BEACH DR	MARY ESTHER, FL 32569		
	BROOKS, DOROTHY	4104 DRIFTING SANDS TRL	DESTIN, FL 32541		
	D				
	DAY, JANICE				
	D				
	CARACAPPA, JOE				
	4104 DRIFTING SANDS TRL				
	DESTIN, FL 32541				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Roie Hamilton</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: <u>5-9-07</u> Daytime Phone #: <u>850-244-6302</u>	