


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90031 020 \*\*\*\*61.25

|   |   |
|---|---|
| <b>DOCUMENT # 766022</b>                                      |  |
| 1. Entity Name<br><b>MANDARIN CHAPTER #3532 OF AARP, INC.</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>3128 CORMORANT DR.<br/>JACKSONVILLE FL 32223<br/>US</b> | Mailing Address<br><b>3128 CORMORANT DR.<br/>JACKSONVILLE FL 32223<br/>US</b> |
|---|---|

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | - Zip               | Country |



1st MOORE CR2E037 (10/04)

|   |  |  |
|---|--|--|
| 4. FEI Number<br><b>95-3781647</b>                        |  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> |  | <b>\$8.75 Additional Fee Required</b>                  |

|  |  |  |          |
|--|--|--|----------|
| 6. Name and Address of Current Registered Agent<br><b>TAYLOR, JAMES H<br/>3128 CORMORANT DRIVE<br/>JACKSONVILLE FL 32223</b> |  | 7. Name and Address of New Registered Agent        |          |
|  |  | Name   |          |
|  |  | Street Address (P.O. Box Number is Not Acceptable) |          |
|  |  | City   |          |
|  |  | FL   | 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

|  |   |  |  |
|--|---|--|--|
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2005</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00 May Be<br/>Added to Fees</b> | <b>Make Check Payable to<br/>Florida Department of State</b> |
|--|---|--|--|

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|--|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>SCUDDER, FRANK<br>12507 MUSCOVY DRIVE<br>JACKSONVILLE FL 32223<br><input type="checkbox"/> Delete                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | V/D<br>TAYLOR, ELLIE M.<br>3128 CORMORANT DRIVE<br>JACKSONVILLE, FL 32223<br>(NAME <input checked="" type="checkbox"/> Change) <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>ALEXANDER, ROBERT B<br>9520 PICKWICK DRIVE<br>JACKSONVILLE FL 32257<br><input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | S/D<br>RESNIKOFF, SONDR<br>11598 LAZY WILLOW LANE<br>JACKSONVILLE, FL 32223<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>ALEXANDER, CATHERINE W<br>9520 PICKWICK DRIVE<br>JACKSONVILLE FL 32257<br><input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>FITZPATRICK, ROBERT<br>11554 BASKERVILLE ROAD<br>JACKSONVILLE FL 32223<br><input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>TAYLOR, JAMES H<br>3128 CORMORANT DRIVE<br>JACKSONVILLE FL 32223<br><input type="checkbox"/> Delete                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BRADLEY, MARIAN<br>10547 FOX SQUIRREL LANE<br>JACKSONVILLE FL 32257<br><input type="checkbox"/> Delete                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input 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: Robert B. Alexander Robert B. Alexander April 8, 2005 (904) 733-0516

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

# ATTACHMENT

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2003/08/

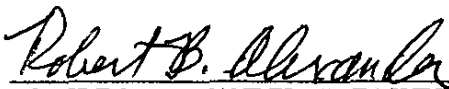
The following is a continuation of Block 10, Document # 766022, dated April 8, 2005 (Mandarin Chapter # 3532 of AARP, Inc.). These individuals are Directors.

D  
HOLT, MILO  
9439 SAN JOSE BLVD., # 184  
JACKSONVILLE, FL 32257

D  
LINGEL, REGINA  
11077 WANDERING OAKS DRIVE  
JACKSONVILLE, FL 32257

D  
SCUDDER, ANNE  
12507 MUSCOVY DRIVE  
JACKSONVILLE, FL 32223

D  
YOUNG, MILDRED  
3920 WINDRIDGE COURT  
JACKSONVILLE, FL 32257

  
ROBERT B. ALEXANDER, TREASURER/DIRECTOR  
MANDARIN CHAPTER # 3532 OF AARP, INC

DATE: APRIL 8, 2005