

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2008 8:00 am
Secretary of State

05-16-2008 90017 048 ****61.25

DOCUMENT # 766360

1. Entity Name
FORT CAROLINE CHAPTER #3545 OF AARP, INC.



Principal Place of Business
C/O FT CAROLINE METH CHURCH
8510 FT CAROLINE RD.
JACKSONVILLE, FL 32270 US

Mailing Address
8510 FT. CAROLINE RD.
JACKSONVILLE, FL 32277

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04252008 Chg-NP CR2E037 (12/06)

4. FEI Number
95-3789941

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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:

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE VPD ☒ Delete
NAME RIDLEY, YVETTE
STREET ADDRESS 8481 CONCORD BLVD.
CITY-ST-ZIP JACKSONVILLE, FL 32208

TITLE PD ☒ Delete
NAME CONNELLY, ELLIE
STREET ADDRESS 5353 ARLINGTON EXPRESSWAY #125
CITY-ST-ZIP JACKSONVILLE, FL 32211

TITLE DS ☐ Delete
NAME GATEWOOD, MARJORIE
STREET ADDRESS 6011 PEELER RD. S.
CITY-ST-ZIP JACKSONVILLE, FL 32211

TITLE D ☒ Delete
NAME MATTISON, JACK
STREET ADDRESS 8041 FLEUR DE LIS DR.
CITY-ST-ZIP JACKSONVILLE, FL 32277

TITLE T ☐ Delete
NAME JONES, ANITA
STREET ADDRESS 6715 SIMCA DRIVE
CITY-ST-ZIP JACKSONVILLE, FL 32277

TITLE D ☐ Delete
NAME GLEASON, ANGELA
STREET ADDRESS 13934 SPANISH MARSH CT.
CITY-ST-ZIP JACKSONVILLE, FL 32225

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VPD ☒ Change ☐ Addition
NAME Somers, Patricia
STREET ADDRESS 244 Hickory Hollow Dr S.
CITY-ST-ZIP Jacksonville, FL 32225

TITLE PD ☒ Change ☐ Addition
NAME Green, Rose
STREET ADDRESS 12566 Wages Way E
CITY-ST-ZIP Jacksonville FL, 32218

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME Godrey, Gregory
STREET ADDRESS 12020 Widdowson Hills DR
CITY-ST-ZIP Jacksonville, FL 32225

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Anita Jones, Treasurer
SIGNATURE AND TYPE OF SIGNING OFFICER OR DIRECTOR

4-25-08 904-683-3666
Date Daytime Phone #