2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# 766360

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

Current Principal Place of Business:

C/O FT CAROLINE METH CHURCH
8510 FT CAROLINE RD.
JACKSONVILLE, FL 32270 US

New Principal Place of Business:

Current Mailing Address:

8510 FT. CAROLINE RD.
JACKSONVILLE, FL 32277

New Mailing Address:

FEI Number: 95-3789941 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	VPD	( ) Delete
Name:	SOMERS, PATRICIA	
Address:	244 HICKORY HOLLOW DR S	
City-St-Zip:	JACKSONVILLE, FL 32225	
Title:	PD	( ) Delete
Name:	GREEN, ROSE	
Address:	12566 WAGES WAY E	
City-St-Zip:	JACKSONVILLE, FL 32218	
Title:	DS	( ) Delete
Name:	GATEWOOD, MARJORIE	
Address:	6011 PEELER RD. S.	
City-St-Zip:	JACKSONVILLE, FL 32211	
Title:	D	( ) Delete
Name:	GODREY, GREGORY	
Address:	12020 HIDDEN HILLS DR	
City-St-Zip:	JACKSONVILLE, FL 32225	
Title:	T	( ) Delete
Name:	JONES, ANITA	
Address:	6715 SIMCA DRIVE	
City-St-Zip:	JACKSONVILLE, FL 32277	
Title:	D	( ) Delete
Name:	GLEASON, ANGELA	
Address:	13934 SPANISH MARSH CT.	
City-St-Zip:	JACKSONVILLE, FL 32225	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	VPD	(X) Change ( ) Addition
Name:	TOMLINSON, MARILYN	
Address:	3635 RIVEREDGE DR	
City-St-Zip:	JACKSONVILLE, FL 32277	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	MOSON, MADLEN	
Address:	4370 JIGGERMAST AVE	
City-St-Zip:	JACKSONVILLE, FL 32277	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	RILEY, SOPHIE	
Address:	6701 CHESTER AVE, #91	
City-St-Zip:	JACKSONVILLE, FL 32217	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANITA B. JONES T 04/29/2009

Electronic Signature of Signing Officer or Director — Date