

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766360

FILED
Mar 05, 2012
Secretary of State

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:

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

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
Name: GREEN, ROBERT
Address: 12566 WAGES WAY EAST
City-St-Zip: JACKSONVILLE, FL 32218

Title: PD
Name: MOSON, MADLEN
Address: 4370 JIGGERMAST AVE
City-St-Zip: JACKSONVILLE, FL 32277

Title: DS
Name: WILLIAMS, MARGIE
Address: 3933 PRITMORE RD, APT 213
City-St-Zip: JACKSONVILLE, FL 32257

Title: PD
Name: GREEN, ROSE
Address: 12566 WAGES WAY EAST
City-St-Zip: JACKSONVILLE, FL 32218

Title: T
Name: JONES, ANITA
Address: 6715 SIMCA DRIVE
City-St-Zip: JACKSONVILLE, FL 32277

Title: D
Name: ROTHWELL, RUBY
Address: 3536 COLONY COVE TRAIL WEST
City-St-Zip: JACKSONVILLE, FL 32277

I hereby 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 all other like empowered.

SIGNATURE: ANITA JONES

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03/05/2012

Electronic Signature of Signing Officer or Director

_____ Date