


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 23, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 803762</b>			
1. Entity Name <b>THE AMERICAN AUTOMOBILE ASSOCIATION (INCORPORATED)</b>			
Principal Place of Business <b>1000 AAA DRIVE HEATHROW FL 32746</b>		Mailing Address <b>1000 AAA DRIVE HEATHROW FL 32746</b>	
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



1st MOORE CR2E037 (10/06)

4. FEI Number <b>53-0025420</b>		Applied For <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 <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		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

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DARBELNET, ROBERT	NAME	
STREET ADDRESS	1000 AAA DRIVE	STREET ADDRESS	U00000725048
CITY-STATE-ZIP	HEATHROW FL 32746	CITY-STATE-ZIP	05/03/07-80007-010 61.25
TITLE	SRVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RINNER, RICHARD D	NAME	
STREET ADDRESS	1000 AAA DRIVE	STREET ADDRESS	
CITY-STATE-ZIP	HEATHROW FL 32746	CITY-STATE-ZIP	
TITLE	AS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCARFO, HENRY J.	NAME	
STREET ADDRESS	1000 AAA DRIVE	STREET ADDRESS	
CITY-STATE-ZIP	HEATHROW FL 32746	CITY-STATE-ZIP	
TITLE	VPT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHAFER, JOHN G	NAME	
STREET ADDRESS	1000 AAA DR	STREET ADDRESS	
CITY-STATE-ZIP	HEATHROW FL 32746	CITY-STATE-ZIP	
TITLE	EVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, MARK H	NAME	
STREET ADDRESS	1000 AAA DRIVE	STREET ADDRESS	
CITY-STATE-ZIP	HEATHROW FL 32746-5063	CITY-STATE-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIKRALLIDAS, SUSAN G	NAME	
STREET ADDRESS	1000 AAA DRIVE	STREET ADDRESS	
CITY-STATE-ZIP	LAKE MARY FL 32746	CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*[Handwritten Signature]*

4/17/07

(407) 444-7323