2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 17, 2008 8:00 am Secretary of State DOCUMENT # N01000004521 1. Entity Name 04-17-2008 90014 036 ****61.25 LAKE MARY CHAPTER #4878 OF AARP, INC. Principal Place of Business Mailing Address 911 WALLACE COURT 548 CLUB COURT LAKE MARY FL 32746 LAKE MARY FL 32746 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State Applied For 4. FEI Number NO-T APPLICABLE Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCDONNELL, BEVERLY Street Address (P.O. Box Number is Not Acceptable) **548 CLUB COURT** LAKE MARY FL 32746 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. Lam familiar with, and accept the obligations of registered agent. Beverly Mc Donnell FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2008 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE Change Addition MCDONNELL, BEVERLY NAME 548 CLUB COURT STREET ADDRESS STREET ADDRESS LAKE MARY FL 32746 CITY-ST-ZIP CITY-ST-ZP PRES. TITLE X Delote TITLE Change Change Addition FRUCH, DOLORES BOB Zeller MARZE DASAS 312 OLD MARY COVE 612 woodland court STREET ADDRESS STREET ADDRESS LAKE MARY FL 32746 CITY- ST-ZIP CITY-ST-Zif Lake Mary, Fla. 32746 1.V.P. TITLE VICE-PRIS. Addition T:TLE____ Delate - Change --Marie Bradham 411 Belle Ave. FOX, PAT NAME 275 W. LAKEVIEW AVE STREET ADDRESS STREET ADDRESS LAKE MARY FL 32746 Sanford, Fla. 32750 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THEE Change ☐ Addition MANAE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete 11111 ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP Delete Change Addition NALT HAME STREET ADDRESS STREET ADDRESS

12. Thereby 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 19 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CHTY-ST-ZiP

SIGNATURE:

Benefy Ma Donnell

Beverly McDunnell

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FILED

407-330-0324