2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004553

FILED Jul 27, 2009 Secretary of State

Entity Name: PALM COAST/FLAGLER CHAPTER #5384 OF AARP, INC.

Current Principal Place of Business: New Principal Place of Business: VFW POST 8696 PEOPLES FIRST COMMUNITY BANK PALM COAST 47 N OLD KINGS RD 300 PALM COAST PARKWAY PALM COAST, FL 32137 PALM COAST, FL 32137 **Current Mailing Address:** New Mailing Address: AARP % JERRY UNGER AARP % ANTHONY CULMONE PO BOX 351382 PO BOX 351382 PALM COAST, FL 32135 PALM COAST, FL 32135 FFI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: UNGER, JERRY CULMONE, ANTHONY 38 BAINBRÍDGE LANE 120 WELLSTONE DR US PALM COAST, FL 32164 US PALM COAST, FL 32137 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: ANTHONY CULMONE 07/27/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition TOBER, BERNARD Name: Name: 5 CARR COURT Address: Address: City-St-Zip: PALM COAST, FL 321378148 City-St-Zip: Title: Title: (X) Change () Addition () Delete LOIS, ARNOLD Name: Name: ARNOLD, LOIS Address: PO BOX 350975 Address: PO BOX 350975 City-St-Zip: PALM COAST, FL 32135 City-St-Zip: PALM COAST, FL 32135 Title: P/S () Delete Title: (X) Change () Addition O'DONNELL, VICKIE UNGER, JERRY Name: Name: 120 WELLISTONE DR 8 KARANDA PALCE Address: Address: City-St-Zip: PALM COAST, FL 32164 City-St-Zip: PALM COAST, FL 32164 US Title: () Delete Title: () Change (X) Addition CULMONE, ANTHONY Name: Name: 38 BAINBRIDGE LANE Address: Address: City-St-Zip: City-St-Zip: PALM COAST, FL 32137 US

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: ANTHONY CULMONE P 07/27/2009