


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2004 8:00 am
Secretary of State

08-03-2004 90004 048 ****61.25

DOCUMENT # N20292 1. Entity Name DELAND CHAPTER #4029 OF AARP, INC.					
Principal Place of Business WAYNE SANBORN ACTIVITY CENTER EARL BROWN PARK DELAND, FL 32724 US				Mailing Address 101 AMELIA AVE, APT. 608 DELAND, FL 32724 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address AARP Chpt. 4029 P.O. Box 4654		54066401	
City & State DELAND, FL.		City & State DELAND, FL.		4. FEI Number 33-0192400	
Zip 32721-4654		Country Volusia		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOODWILL, PAUL R. 101 AMELIA AVE, APT 608 DELAND, FL 32724				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS 2004			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 2004		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOODWILL, PAUL R. 101 AMELIA AVE, APT 608 DELAND, FL 32724	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	→ GOODWILL, Paul Robert (correction)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HALET, FRANK W 1800 E. GRAVES AVE. ORANGE CITY, FL 32763	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	→ HALEY, FRANK W. (correction)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STRONG, MARILYNN 41345 DEER ST. EUSTIS, FL 32736	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MORELOCK, HELEN 920 HUNTER'S CREEK DR APT 5104 DELAND, FL 32720	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WESTLAKE, JACQUELINE 3112 HICKORY TREE LN. DELAND, FL 32724	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	→ WESTLAKE, JACQUELINE (correction)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOODWILL, PAUL PO BOX 4654 DELAND, FL 327214654 (MAILING ADDRESS)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	→ GOODWILL, PAUL ROBERT (correction)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Paul Robert Goodwill</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <u>July 31, 04</u> (384) 738-4878 Daytime Phone #		

