

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90085 017 ****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

AARP CHPT. 4029
P.O. BOX 4654
DELAND FL 32721
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

33-0192400

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/05)

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

TITLE VD ☐ Delete
NAME HENTZER, WALTER J JR
STREET ADDRESS 1081 TORCH WOOD DR
CITY-ST-ZIP DELAND FL 32724

TITLE TD ☐ Delete
NAME STRONG, MARILYNN
STREET ADDRESS 41345 DEER ST.
CITY-ST-ZIP EUSTIS FL 32736

TITLE SD ☒ Delete
NAME MILLER, CLARENCE I
STREET ADDRESS 1519 RED PLUM HOLLOW
CITY-ST-ZIP DELAND FL 32720

TITLE PD ☐ Delete
NAME GOODWILL, PAUL ROBERT
STREET ADDRESS PO BOX 4654
CITY-ST-ZIP DELAND FL 32721-4654

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PRESIDENT/D ☒ Change ☐ Addition
NAME WALTER J MENTZER, JR
STREET ADDRESS 1081 Torchwood Dr.
CITY-ST-ZIP Deland FL 32724

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Change ☒ Addition
NAME Kerry Tucker
STREET ADDRESS 8601 Arawana Dr.
CITY-ST-ZIP Orange City FL 32763

TITLE VD ☒ Change ☐ Addition
NAME Goodwill, Paul Robert
STREET ADDRESS PO Amelia Ave. Apt 608
CITY-ST-ZIP Deland FL 32721-0608

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-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: Marilynn I. Strong, Treas. MARILYNN I STRONG 4/5/6 (352) 5899346
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #