

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20292

FILED
Mar 04, 2009
Secretary of State

Entity Name: DELAND CHAPTER #4029 OF AARP, INC.

Current Principal Place of Business:

WAYNE SANBORN ACTIVITY CENTER
EARL BROWN PARK
DELAND, FL 32724 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 33-0192400 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOODWILL, PAUL R
101 AMELIA AVE, APT 608
DELAND, FL 32724 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: RANKIN, BETTY
Address: 231 N ADELE AVE
City-St-Zip: DELAND, FL 32720

Title: TD () Delete
Name: STRONG, MARILYNN
Address: 41345 DEER ST.
City-St-Zip: EUSTIS, FL 32736

Title: SD () Delete
Name: KELLEY, MARY L
Address: 821 S AMELIA AVE
City-St-Zip: DELAND, FL 32724

Title: PD () Delete
Name: GOODWILL, PAUL ROBERT
Address: 101 AMELIA AVE APT 608
City-St-Zip: DELAND, FL 327210608

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: BLAND, JOSEPHINE
Address: 101 N AMELIA #1510
City-St-Zip: DELAND, FL 32724

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: GOODWILL, PAUL ROBERT
Address: 101 AMELIA AVE APT 608
City-St-Zip: DELAND, FL 32721 06

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: MARILYNN I. STRONG

TD

03/04/2009

Electronic Signature of Signing Officer or Director

Date