

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90034 002 ****61.25

DOCUMENT # N24086

1. Entity Name

HOLMES COUNTY CHAPTER #4092 OF AARP, INC.



Principal Place of Business

C/O COUNCIL ON AGING
210 WEST KANSAS
BONIFAY FL 32425

Mailing Address

C/O COUNCIL ON AGING
210 WEST KANSAS
BONIFAY FL 32425

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

33-0182671

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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	S	<input type="checkbox"/> Delete
NAME	KETCHERSIDE, JEAN	
STREET ADDRESS	P.O. BOX 1111	
CITY-ST-ZIP	BONIFAY FL 32425	
TITLE	T	<input type="checkbox"/> Delete
NAME	WHITE, ODESSA	
STREET ADDRESS	PO BOX 1235	
CITY-ST-ZIP	BONIFAY FL 32425	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PARKER, JAMIE	
STREET ADDRESS	502 W KANSAS AV	
CITY-ST-ZIP	BONIFAY FL 32425	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARROLL, DOT	
STREET ADDRESS	2103 HWY 197	
CITY-ST-ZIP	BONIFAY FL 32425	
TITLE	P	<input type="checkbox"/> Delete
NAME	ANKERICH, FRANK	
STREET ADDRESS	PO BOX 1081	
CITY-ST-ZIP	BONIFAY FL 32425	
TITLE	D	<input type="checkbox"/> Delete
NAME	JEAN SAMUELSON	
STREET ADDRESS	3410 WILLIAMS RD.	
CITY-ST-ZIP	BONIFAY FL 32425	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BETTY MARSICO	
STREET ADDRESS	PO BOX 1127	
CITY-ST-ZIP	BONIFAY FL 32425	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN COOMER	
STREET ADDRESS	PO BOX 851	
CITY-ST-ZIP	100th SCENIC HILL CIRCLE BONIFAY, FL 32425	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAY, BOSWELL	
STREET ADDRESS	512 WAUKESHA ST.	
CITY-ST-ZIP	BONIFAY, FL 32425	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARY PADGETT	
STREET ADDRESS	1002 SCENIC HILL CIRCLE	
CITY-ST-ZIP	BONIFAY FL 32425	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JURITA WARD	
STREET ADDRESS	1516 HWY N. 79	
CITY-ST-ZIP	BONIFAY FL 32425	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNNIE TOBIN	
STREET ADDRESS	3409 WILLIAMS RD	
CITY-ST-ZIP	BONIFAY FL 32425	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-9-04