


# 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      Mailing Address  
**C/O COUNCIL ON AGING**      **C/O COUNCIL ON AGING**  
**210 WEST KANSAS**      **210 WEST KANSAS**  
**BONIFAY FL 32425**      **BONIFAY FL 32425**



MOORE      CR2E037 (11/03)

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      Applied For  
**33-0182671**      Not Applicable

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>S</b> <b>BETTY MARSICO</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>PO BOX 1127<br>BONIFAY FL 32425                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>T</b> <b>JOHN COOMER</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>PO BOX 451<br>100th SCENIC HILL CIRCLE<br>BONIFAY, FL 32425 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>VP</b> <b>RAY BOSWELL</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>512 WAURESHA ST.<br>BONIFAY, FL 32425                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>D</b> <b>MARY PADGETT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>1002 SCENIC HILL CIRCLE<br>BONIFAY FL 32425                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>D</b> <b>JUANITA WARD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>1516 HWY N. 79<br>BONIFAY FL 32425                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>D</b> <b>JOHNIE TOBIN</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>3409 WILLIAMS RD<br>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:** John Coomer      **4-9-04**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #