


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90033 026 \*\*\*\*61.25

<b>DOCUMENT # N24086</b>					
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 <b>33-0182671</b>	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	S	<input type="checkbox"/> Delete	TITLE	D ELAINE MORING	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARSICO, BETTY		NAME	3259 Hwy 160	
STREET ADDRESS	PO BOX 1127		STREET ADDRESS	BONIFAY FL 32425	
CITY-ST-ZIP	BONIFAY FL 32425		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	D JOHNNIE TOBIN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COOMER, JOHN		NAME	3409 WILLIAMS RD	
STREET ADDRESS	PO BOX 851 100 SCENIC HILL CIR		STREET ADDRESS	BONIFAY FL 32425	
CITY-ST-ZIP	BONIFAY FL 32425		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	D JUANITA WARD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOSWELL, RAY		NAME	1516 Hwy N. 79	
STREET ADDRESS	512 WAURESHA ST.		STREET ADDRESS	BONIFAY FL 32425	
CITY-ST-ZIP	BONIFAY FL 32425		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D JEAN SAMUELSON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARROLL, DOT		NAME	3410 WILLIAMS RD	
STREET ADDRESS	2103 HWY 197		STREET ADDRESS	BONIFAY FL 32425	
CITY-ST-ZIP	BONIFAY FL 32425		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANKERICH, FRANK		NAME		
STREET ADDRESS	PO BOX 1081		STREET ADDRESS		
CITY-ST-ZIP	BONIFAY FL 32425		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PADGETT, MARY		NAME		
STREET ADDRESS	1002 SCENIC HILL CIR		STREET ADDRESS		
CITY-ST-ZIP	BONIFAY FL 32425		CITY-ST-ZIP		



1st MOORE CR2E037 (10/04)

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 4-8-05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #