


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 8:00 am
Secretary of State

03-20-2006 90019 036 ****61.25

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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 <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CIT 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 _____ DATE _____ <small>Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
Filing Fee is \$81.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MARSICO, BETTY PO BOX 1127 BONIFAY, FL 32425 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JEAN KETCHERSIDE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1929 N. Hwy 79 BONIFAY FL 32425
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T COOMER, JOHN PO BOX 851 100 SCENIC HILL CIR BONIFAY, FL 32425 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JEAN CAMP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3410 WILLIAMS RD BONIFAY FL 32425
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BOSWELL, RAY 512 WAURESHA ST. BONIFAY, FL 32425 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JUANITA WARD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1516 Hwy 79 N. BONIFAY FL 32425
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CARROLL, DOT 2103 HWY 197 BONIFAY, FL 32425 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JOSEPH SELLERS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3398 Hwy 160 BONIFAY FL 32425
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ANKERICH, FRANK PO BOX 1081 BONIFAY, FL 32425 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MORING, ELAINE 3259 HWY 160 BONIFAY, FL 32425 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>John Coomer</u>		Date: <u>3-2-06</u> Daytime Phone #: <u>850-547-2382</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <u>JOHN COOMER</u>			