

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 18, 2007 8:00 am
Secretary of State

06-18-2007 90001 043 ****61.25

DOCUMENT # N25376					
1. Entity Name WESTSIDE JACKSONVILLE CHAPTER #4098 OF AARP, INC.					
Principal Place of Business 4353 VICKSBURG AVE JACKSONVILLE, FL 32210-7344 US			Mailing Address 4353 VICKSBURG AVE JACKSONVILLE, FL 32210-7344 US		
2. Principal Place of Business - No P.O. Box # 1591 S. LANE AV		3. Mailing Address 1591 S. LANE AV,			
Suite, Apt. #, etc. APT 17-S		Suite, Apt. #, etc. APT 17-S			
City & State JACKSONVILLE, FL		City & State JACKSONVILLE, FL			
Zip 32210		Country USA		Zip 32210	
Country USA		Country USA			
8. Name and Address of Current Registered Agent MELONSON, A. CHRIS 4353 VICKSBURG AVE JACKSONVILLE, FL 32210-7344			7. Name and Address of New Registered Agent Name: RUTH L. WILLIAMS Street Address (P.O. Box Number is Not Acceptable): 1591 S. LANE AV. APT. 17-S City: JACKSONVILLE FL Zip Code: 32210		
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: <u>Ruth L. Williams, President</u> DATE: <u>June 11, 2007</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 14, 2007		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	1VPD BRINSON, BOB 5036 JAMMES RD JACKSONVILLE, FL 32210	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	2VPD WILLIAMS, RUTH 1591 S. LANE AVENUE APT 17-S JACKSONVILLE, FL 322101534	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD LYMAN, VAL 1935 FOURAKER RD JACKSONVILLE, FL 32210	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD WHITE, BARBARA 3846 SUNBURY AVENUE JACKSONVILLE, FL 32210	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MELISSA FURMAN 8051 LAKELAND ST. JACKSONVILLE, FL 32221				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MELISSA FURMAN 8051 LAKELAND ST. JACKSONVILLE, FL 32221				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MELISSA FURMAN 8051 LAKELAND ST. JACKSONVILLE, FL 32221				
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>Ruth L. Williams</u> <u>June 11, 2007</u> <u>904-783-3594</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40120908



06062007 Chg-NP CR2E037 (12/06)

4. FEI Number 94-3053343 Applied For Not Applicable

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

MELONSON, A. CHRIS
4353 VICKSBURG AVE
JACKSONVILLE, FL 32210-7344

Name: RUTH L. WILLIAMS
Street Address (P.O. Box Number is Not Acceptable): 1591 S. LANE AV.
APT. 17-S
City: JACKSONVILLE FL Zip Code: 32210

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: Ruth L. Williams, President DATE: June 11, 2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by September 14, 2007

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
NAME
STREET ADDRESS
CITY - ST - ZIP

1VPD
BRINSON, BOB
5036 JAMMES RD
JACKSONVILLE, FL 32210

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

2VPD
WILLIAMS, RUTH
1591 S. LANE AVENUE APT 17-S
JACKSONVILLE, FL 322101534

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

SD
LYMAN, VAL
1935 FOURAKER RD
JACKSONVILLE, FL 32210

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TD
WHITE, BARBARA
3846 SUNBURY AVENUE
JACKSONVILLE, FL 32210

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

S
MELISSA FURMAN
8051 LAKELAND ST.
JACKSONVILLE, FL 32221

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ 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: Ruth L. Williams June 11, 2007 904-783-3594
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #