

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25376

FILED
Apr 26, 2009
Secretary of State

Entity Name: WESTSIDE JACKSONVILLE CHAPTER #4098 OF AARP, INC.

Current Principal Place of Business:

1591 S LANE AVE
APT 17-S
JACKSONVILLE, FL 32210 US

New Principal Place of Business:

12779 FLYNN FOREST DR.
JACKSONVILLE, FL 32223 US

Current Mailing Address:

1591 S LANE AVE
APT 17-S
JACKSONVILLE, FL 32210 US

New Mailing Address:

12779 FLYNN FOREST DR.
JACKSONVILLE, FL 32223 US

FEI Number: 94-3053343

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, RUTH L
1591 S LANE AVE
APT 17-5
JACKSONVILLE, FL 322107344 US

Name and Address of New Registered Agent:

BROWN, KATHY L
12779 FLYNN FOREST DR.
JACKSONVILLE, FL 32223 US

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.

SIGNATURE: KATHY L. BROWN

04/26/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: 1VPD () Delete
Name: BROWN, KATHY L
Address: 12779 FLYNN FOREST DR
City-St-Zip: JACKSONVILLE, FL 32223

Title: S () Delete
Name: FURMAN, MELISSA
Address: 8051 LAKELAND ST
City-St-Zip: JACKSONVILLE, FL 32221

Title: TD () Delete
Name: WHITE, BARBARA
Address: 3846 SUNBURY AVENUE
City-St-Zip: JACKSONVILLE, FL 32210

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BROWN, KATHY L
Address: 12779 FLYNN FOREST DR
City-St-Zip: JACKSONVILLE, FL 32223

Title: 1VP (X) Change () Addition
Name: PAGE, KATHY
Address: 5905 WENDING DR.
City-St-Zip: JACKSONVILLE, FL 32244

Title: S (X) Change () Addition
Name: CASTLEBERRY, PAULA
Address: 5344 SLOAN LANE
City-St-Zip: JACKSONVILLE, FL 32244

Title: T () Change (X) Addition
Name: WHITE, BARBARA
Address: 3846 SUNBURY AVE.
City-St-Zip: JACKSONVILLE, FL 32210

Title: 2VP () Change (X) Addition
Name: HARDCOPF, BONNIE
Address: 6556 COLBY HILLS DR.
City-St-Zip: JACKSONVILLE, FL 32222

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHY L. BROWN

PRES

04/26/2009

Electronic Signature of Signing Officer or Director

Date