

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25376

FILED
Apr 03, 2010
Secretary of State

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

Current Principal Place of Business:

12779 FLYNN FOREST DR.
JACKSONVILLE, FL 32223 US

New Principal Place of Business:

Current Mailing Address:

12779 FLYNN FOREST DR.
JACKSONVILLE, FL 32223 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:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

Title: S
Name: CASTLEBERRY, PAULA
Address: 5344 SLOAN LANE
City-St-Zip: JACKSONVILLE, FL 32244

Title: T
Name: SWAYNE, ELIZABETH
Address: 5714 NORDE DRIVE WEST
City-St-Zip: JACKSONVILLE, FL 32244

Title: 2VP
Name: HARDCOFF, BONNIE
Address: 6556 COLBY HILLS DR.
City-St-Zip: JACKSONVILLE, FL 32222

I hereby 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 all other like empowered.

SIGNATURE: ELIZABETH SWAYNE

T

04/03/2010

Electronic Signature of Signing Officer or Director

Date