

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2007 8:00 am**  
**Secretary of State**

01-12-2007 90018 024 \*\*\*\*61.25

**DOCUMENT # N30092**

1. Entity Name  
**MEXICO BEACH, FLORIDA CHAPTER #4325 OF AARP,  
INC.**



Principal Place of Business  
**CIVIC CENTER  
MEXICO BEACH, FL US**

Mailing Address  
**PO BOX 13394  
MEXICO BEACH, FL 32410**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**94-3062234**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**WOOLLEY, GARY V  
HE 7 BOX 981814  
MEXICO BEACH, FL 32456**

7. Name and Address of New Registered Agent

Name **~~KAREN~~ KEENAN, KAREN G**  
Street Address (P.O. Box Number is Not Acceptable)  
**1048 South 26th St  
P.O. Box 14196**  
City **Mexico Beach** **FL** Zip Code **32410**

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

*Karen G. Keenan, President*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*1/2/07*

DATE

**Filing Fee is \$61.25  
Due by May 1, 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	P WOOLEY, GARY V HC7 BOX 981814 MEXICO BEACH, FL 32410	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VPT DUNCAN, MARILYN 4188 STARFISH BEACON HILL, FL 32456	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VPT BONANNO, CAROL 720 FORTNER AVE MEXICO BEACH, FL 32410	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LAPLANTE, HELEN P.O. BOX 13238 MEXICO BEACH, FL 32410	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MASON, BEVERLY P.O. BOX 13255 MEXICO BEACH, FL 32410	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THOMPSON, FAYE HC 3 BOX 150, 200 7TH ST. PORT SAINT JOE, FL 32456	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KEENAN, KAREN G. PO Box 14196 - 1048 S. 26th St. Mexico Beach, FL 32410	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP BENNETT, FOREST 343 CORDONADO ST. Joe Beach Port St. Joe FL 32456	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP DUNCAN, LeRoy 914 Starfish - Beacon Hill Port St. Joe FL 32456	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Wooley, Gary V PO Box 13423 Mexico Beach, FL 32410	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BASS, Patricia HC 3 Box 164 A Port St Joe FL 32456	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Duncan, Marilyn 914 Starfish - Beacon Hill Port St. Joe FL 32456	<input checked="" type="checkbox"/> Change <input 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:

*Karen G. Keenan* **KAREN G. KEENAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*1/2/07* **850-648-5252**