

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 25, 2005 8:00 am**  
**Secretary of State**

07-25-2005 90100 020 \*\*\*\*61.25

**DOCUMENT # N41691**

1. Entity Name  
**EAST NASSAU COUNTY-FLORIDA CHAPTER #4608 OF  
AARP, INC.**



Principal Place of Business  
**C/O W.R. HARTSHORN  
150 IBIS CT  
FERNANDINA BEACH, FL 32034 US**

Mailing Address  
**C/O W.R. HARTSHORN  
150 IBIS CT  
FERNANDINA BEACH, FL 32034 US**

**50057431**



07212005 Chg-NP CR2E037 (10/03)

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  
**94-3106720**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**HARTSHORN, WILLIAM  
150 IBIS COURT  
FERNANDINA BEACH, FL 32034**

7. Name and Address of New Registered Agent  
Name **BARBARA C. MURDOCK**  
Street Address (P.O. Box Number is Not Acceptable)  
**31135 PARADISE COMMONS APT. 612**  
City **FERNANDINA BEACH FL** Zip Code **32034**

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 *Barbara C. Murdock, TRAS.*  
Signature, typed or printed name of registered agent and title if applicable.

7-21-2005  
DATE

(NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by September 7, 2005**

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	<b>P SANDERS, FRED 97236 AMY DRIVE YULEE, FL 32097</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S LEBLANC, LOUISE 2164 ST. MARK DRIVE YULEE, FL 32097</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T HARTSHORN, WILLIAM 150 IBIS COURT FERNANDINA BEACH, FL 32034</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MEGNA, JOHN 631 TARPON AVE SUITE 6402 FERNANDINA BEACH, FL 32034</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V COTTRELL, KATHRYN 32 OAK GROVE PLACE FERNANDINA BEACH, FL 32034</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SCHREFFLER, GERTIE 608 AMELIA CIRCLE FERNANDINA BEACH, FL 32034</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S Kathy COTTRELL 32 OAK GROVE PL. FERNANDINA BEACH, FL 32034</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T BARBARA C. MURDOCK 31135 PARADISE COMMONS APT. 612 FERNANDINA BEACH, FL 32034</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V NANCY PHILLIPS 2629 BENZ PL. FERNANDINA BEACH, FL.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Barbara C. Murdock*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 21, 2005 277-4326  
Date Daytime Phone #