

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90157 037 \*\*\*\*61.25

<b>DOCUMENT # N44810</b> 1. Entity Name <b>NORTH OKALOOSA COUNTY CHAPTER #4675 OF AARP, INC.</b>					
Principal Place of Business <b>198 SOUTH WILSON ST CRESTVIEW, FL 32536 US</b>			Mailing Address <b>198 S WILSON ST CRESTVIEW, FL 32536 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>52-1702055</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD HANCOCK, DONNA 613 EDNEY AVE CRESTVIEW, FL 32539</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P Simmons, Loetta 206 E. Griffith Ave. Crestview FL 32539</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD WILLIAMS, CHARLENE 4189 PAINTER BRANCH RD CRESTVIEW, FL 32539</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T Petito, Johanna 209 Southview Dr. Crestview FL 32536</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD HAMMOCK, CAROLYN 4181 PAINTER BRANCH RD CRESTVIEW, FL 32539</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V Hancock, Donna 613 Edney Ave Crestview FL 32539</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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.					
<b>SIGNATURE: Johanna Petito Johanna Petito</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>4-28-05</b>	
Daytime Phone # <b>850-683-1812</b>					