


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90024 040 ****61.25

DOCUMENT # N44810 1. Entity Name NORTH OKALOOSA COUNTY CHAPTER #4675 OF AARP, INC.					
Principal Place of Business 198 SOUTH WILSON ST CRESTVIEW, FL 32536 US			Mailing Address 198 S WILSON ST CRESTVIEW, FL 32536 US		
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 52-1702055	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SIMMONS, LIETTA 209 E GRIFFITH AVE CRESTVIEW, FL 32539		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARROW, LETTA 209 E Griffith Ave Crestview FL 32539	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T [ETOTP, KPJAMMA 209 SOUTHVIEW DR CRESTVIEW, FL 32536		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PETITO, JOHANNA 209 Southview Dr Crestview FL 32536	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HAMMOCK, CAROLYN 4181 PAINTER BRANCH RD CRESTVIEW, FL 32539		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HANCOCK, DONNA 613 EDNEY AVE CRESTVIEW, FL 32539		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	
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: <u>Johanna Petito</u> <u>Johanna Petito</u> <u>3-10-06</u> <u>850-683-1812</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					