

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90095 015 ****61.25

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1. Entity Name

WILDWOOD CHAPTER #4839 OF AARP, INC.



Principal Place of Business

CITY HALL ANNEX
110 E WONDER STREET
WILDWOOD FL 34785
US

Mailing Address

409 SYCAMORE DR.
WILDWOOD FL 34785
US

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

52-1785860

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S 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

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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	VP	<input type="checkbox"/> Delete
NAME	COLLIER, JAMES L	Change
STREET ADDRESS	102 S. WARFIELD	
CITY-ST-ZIP	WILDWOOD FL 34785	
TITLE	S	<input type="checkbox"/> Delete
NAME	ROGERS, MARILYN	
STREET ADDRESS	3646 CR 230	
CITY-ST-ZIP	WILDWOOD FL 34785	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUSULLAS, NICK	Change
STREET ADDRESS	809 CAROL ST.	
CITY-ST-ZIP	WILDWOOD FL 34785	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WENTZ, GENEVIEVE	
STREET ADDRESS	510 LIVE OAK LANE	
CITY-ST-ZIP	WILDWOOD FL 34785	
TITLE	D	<input type="checkbox"/> Delete
NAME	FINCH, ALTON	
STREET ADDRESS	409 SYCAMORE	
CITY-ST-ZIP	WILDWOOD FL 34785	
TITLE	D	<input type="checkbox"/> Delete
NAME	COREY, DOROTHY	
STREET ADDRESS	1006 OAK LEAF LANE	
CITY-ST-ZIP	WILDWOOD FL 34785	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Penny Roberts	
STREET ADDRESS	710 Clyde St	
CITY-ST-ZIP	Wildwood FL 34785	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gwyneth Finch	still
STREET ADDRESS	409 Sycamore Dr	
CITY-ST-ZIP	Wildwood FL 34785	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marge Collier	still
STREET ADDRESS	102 S Warfield	
CITY-ST-ZIP	Wildwood FL 34785	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jackie Turk	
STREET ADDRESS	7249 E 5th 44 Lot 2	
CITY-ST-ZIP	Wildwood FL 34785	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Betty Hayes	still
STREET ADDRESS	P12 Lady Rd	
CITY-ST-ZIP	Wildwood FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Gwyneth F. Finch* 1-25-06 352-748-9317