

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2007 8:00 am
Secretary of State

07-11-2007 90077 001 ****61.25

DOCUMENT # N94000003398



1. Entity Name
RICHARDSON HEIGHTS CHAPTER #4951 OF AARP, INC.

Principal Place of Business
**BERTHA W RICHARDSON
1304 WHITNER STREET
JACKSONVILLE, FL 32209-7355 US**

Mailing Address
**BERTHA W RICHARDSON
1304 WHITNER STREET
JACKSONVILLE, FL 32209-7355 US**



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

3. Mailing Address
EUGENIA W. NELLON

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3100 TROUT RIVER BLVD.

06082007 Chg-NP CR2E037 (12/06)

City & State

City & State

JACKSONVILLE, FLORIDA

4. FEI Number
52-1844044

Applied For
Not Applicable

Zip

Country

Zip

Country

32208

DUVAL

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NELLON, EUGENIA
3100 SOUTH RIVER BLVD
JACKSONVILLE, FL 32208**

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

Filing Fee is \$61.25

Due by September 14, 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 **P** ☐ Delete
NAME **BORDERS, ERNEST SR.**
STREET ADDRESS **3367 ALTAMONTE AVENUE**
CITY - ST - ZIP **JACKSONVILLE, FL 322081331**

TITLE **DV** ☐ Delete
NAME **MENTER, ERNEST L**
STREET ADDRESS **8464 FINCH AVENUE EAST**
CITY - ST - ZIP **JACKSONVILLE, FL 322193699**

TITLE **TS** ☐ Delete
NAME **SHUMAN, BARABARA**
STREET ADDRESS **4297 FRANCIS ROAD**
CITY - ST - ZIP **JACKSONVILLE, FL 322091905**

TITLE **T** ☐ Delete
NAME **NELLON, EUGENIA**
STREET ADDRESS **3100 TROUT RIVER BLVD**
CITY - ST - ZIP **JACKSONVILLE, FL 32208**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
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CITY - ST - ZIP

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: EUGENIA W. NELLON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-20-07 904-764-4090
Date Daytime Phone #