

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. NELSON

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3100 TROUT RIVER BLVD.

City & State

City & State

JACKSONVILLE, FLORIDA

Zip

Country

Zip

Country

32208

DUVAL

06082007 Chg-NP CR2E037 (12/06)

4. FEI Number
52-1844044

Applied For
 Not Applicable

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

NELSON, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **P**
BORDERS, ERNEST SR.
 STREET ADDRESS **3367 ALTAMONTE AVENUE**
 CITY-ST-ZIP **JACKSONVILLE, FL 322081331**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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 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. NELSON**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-20-07
 Date

904-764-4090
 Daytime Phone #