

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003398

FILED
Apr 15, 2009
Secretary of State

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

Current Principal Place of Business:

BRADHAM BROOKS NW LIBRARY
1755 EDGEWOOD AVE W
JACKSONVILLE, FL 32208 US

New Principal Place of Business:

Current Mailing Address:

VIRGINIA GRAY
5350 TUBMAN DRIVE NORTH
JACKSONVILLE, FL 32219 US

New Mailing Address:

FEI Number: 52-1844044 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRAY, VIRGINIA
5350 TUBMAN DRIVE NORTH
JACKSONVILLE, FL 32219 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MENTER, ERNEST L
Address: 12308 APPLE LEAF DRIVE
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: VP () Delete
Name: BROWN, FREDDIE SR
Address: 5330 OAK TRAIL LANE
City-St-Zip: JACKSONVILLE, FL 32209 US

Title: S () Delete
Name: SHUMAN, BARABARA
Address: 4297 FRANCIS ROAD
City-St-Zip: JACKSONVILLE, FL 322091905 US

Title: T () Delete
Name: GRAY, VIRGINIA
Address: 5350 TUBMAN DRIVE NORTH
City-St-Zip: JACKSONVILLE, FL 32219 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: BROWN, SR., FREDDIE L
Address: 5350 OAK TRAIL LANE
City-St-Zip: JACKSONVILLE, FL 32209 US

Title: VPRE (X) Change () Addition
Name: SHUMAN, BARBARA
Address: 4397 FRANCIS ROAD
City-St-Zip: JACKSONVILLE, FL 32209 US

Title: SEC (X) Change () Addition
Name: RICHARDSON, BERTHA W
Address: 1304 WHITNER STREET
City-St-Zip: JACKSONVILLE, FL 32209 US

Title: TRES (X) Change () Addition
Name: GRAY, VIRGINIA
Address: 5350 TUBMAN DRIVE NORTH
City-St-Zip: JACKSONVILLE, FL 32219 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FREDDIE L. BROWN, SR.

PRES

04/15/2009

Electronic Signature of Signing Officer or Director

Date