

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000002900

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Entity Name:** MID-ORLANDO CHAPTER #5046 OF AARP, INC.

**Current Principal Place of Business:**

99 E. MARKS ST.  
ORLANDO, FL 32808 US

**New Principal Place of Business:**

**Current Mailing Address:**

4360 S LAKE ORLANDO PARKWAY  
ORLANDO, FL 32808 US

**New Mailing Address:**

**FEI Number:** 52-1892261

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ANGLES,, BONNYE  
4360 S LAKE ORLANDO PKWY  
ORLANDO, FL 32808 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:** PD  
**Name:** GREEN, DON ALD A  
**Address:** 4360 S LK ORLANDO PWKY  
**City-St-Zip:** ORLANDO, FL 32808

**Title:** VD  
**Name:** PHIL, SARGENT  
**Address:** 473 YEARLING COVE LOOP  
**City-St-Zip:** APOPKA, FL 32703

**Title:** SD  
**Name:** BENSON, LOUISE  
**Address:** 1817 BLUFF OAK ST  
**City-St-Zip:** APOPKA, FL 32712

**Title:** TV  
**Name:** ANGLES, BONNYE  
**Address:** 4360 S LAKE ORLANDO PKWY  
**City-St-Zip:** ORLANDO, FL 32808

I hereby 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 all other like empowered.

**SIGNATURE:** BONNYE ANGLES

TV

04/19/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date