2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2009
Secretary of State

DOCUMENT# N95000005696

Entity Name: KINGS ISLE CHAPTER #5080 OF AARP, INC.

Current Principal Place of Business:

100 KINGS ISLE BLVD
PORT ST. LUCIE, FL 34986 US

New Principal Place of Business:

Current Mailing Address:

100 KINGS ISLE BLVD
PORT ST. LUCIE, FL 34986 US

New Mailing Address:

FEI Number: 52-1910394 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: MELINSKY, PAT
Address: 825 NW SORRENTO LN
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: SD ( ) Delete
Name: GALLER, MARYLS
Address: 553 NW CORTINA LANE
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: V ( ) Delete
Name: O'MALLEY, JACK
Address: 541 NW PORTO FINO LANE
City-St-Zip: PORT ST LUCIE, FL 34986

Title: TD ( ) Delete
Name: THURESON, JACKIE
Address: 836 NW SORRENTO LANE
City-St-Zip: PORT ST LUCIE, FL 34986

Title: D ( ) Delete
Name: GABLE, BOB
Address: 1002 NW TUSCANY DR
City-St-Zip: PORT ST LUCIE, FL 34986

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JACKIE THURESON TD 02/27/2009

Electronic Signature of Signing Officer or Director Date