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FILED
May 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 728508

1. Corporation Name

HAINES CITY CHAPTER #1573 OF AMERICAN
ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business

Mailing Address

6374 LOLLY BAY LOOP N.E.
WINTER HAVEN, FL. 33881

3. Date Incorporated or Qualified

12/31/73

4. FEI Number

Applied For

☒ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 6374 LOLLY BAY LOOP

22 City & State

27 City & State

23 Zip

Country

28 WINTER HAVEN, FL.

24 Zip

Country

29 33881

30 POLK

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARRIET L. FOUTS
6374 LOLLY BAY LOOP N.E.
WINTER HAVEN, FL. 33881

81 Name

HARRIET L. FOUTS

82 Street Address (P.O. Box Number is Not Acceptable)

6374 LOLLY BAY LOOP N.E.

83

WINTER HAVEN, FL.

84 City

WINTER HAVEN, FL.

FL

85 Zip Code

33881

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Harriet L. Fouts

(NOTE: Registered Agent signature required when reinstating)

5-7-98

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S/D
JEAN STEIN
434 LAKE HENRY DR.
WINTER HAVEN, FL. 33881

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
THELMA SUTTON
207 NORTH NELSON ST.
HAINES CITY, FL. 33844

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
MYRON RULLMANN
2611 DALE ANN DR.
HAINES CITY, FL. 33844

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

~~P/D~~ -05/27/98--01097--030
HARRIET L. FOUTS
6374 LOLLY BAY LOOP N.E.
WINTER HAVEN, FL. 33881

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

V/D
RICHARD MC COLLUM
480 LAKE HENRY CR.
WINTER HAVEN, FL. 33881

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

T/D
MARGARET SLAUGHTER
6679 BRIARHILL DR.
WINTER HAVEN, FL. 33881

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

D
MICKEY BLANTON
1407 LOWRY
HAINES CITY, FL. 33844

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

D
RICHARD STEIN
434 LAKE HENRY DR.
WINTER HAVEN, FL. 33881

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

D
RICHARD TUHEY
720 LAKE HENRY CT.
WINTER HAVEN, FL. 33881

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

HARRIET FOUTS PRES

Harriet L. Fouts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-98

Date

941
2942984

Daytime Phone #

CR2E037 (10/97)