

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90074 038 ****61.25

DOCUMENT # 728508

1. Corporation Name

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

Principal Place of Business

6374 LOLLY BAY LOOP
WINTER HAVEN FL 33881

Mailing Address

6374 LOLLY BAY LOOP
WINTER HAVEN FL 33881



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

12/31/1973

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 Pres.**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-3-99

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **FOUTS, HARRIET L.**
STREET ADDRESS **6374 LOLLY BAY LOOP NE**
CITY-ST-ZIP **WINTER HAVEN FL 33881**

TITLE **D** ☒ DELETE

NAME **BLANTON, MICKEY**
STREET ADDRESS **1407 LOWRY**
CITY-ST-ZIP **HAINES CITY FL 33844**

TITLE **SD** ☒ DELETE

NAME **STEIN, JEAN**
STREET ADDRESS **434 LAKE HENRY DR**
CITY-ST-ZIP **WINTER HAVEN FL 33881**

TITLE **D** ☐ DELETE

NAME **SUTTON, THELMA**
STREET ADDRESS **207 NORTH NELSON ST**
CITY-ST-ZIP **HAINES CITY FL 33844**

TITLE **D** ☐ DELETE

NAME **RULLMANN, MYRON**
STREET ADDRESS **2611 DALE ANN DR**
CITY-ST-ZIP **HAINES CITY FL 33844**

TITLE **VD** ☐ DELETE

NAME **MCCOLLUM, RICHARD**
STREET ADDRESS **480 LAKE HENRY CR**
CITY-ST-ZIP **WINTER HAVEN FL 33881**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

T

MICKEY BLANTON

1407 lowry

Haines City, Fl. 33844

☒ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

T

GRACE PUGASH

709 HIGHLAND AVE.

DUNDEE, FL. 33838

☒ Change ☒ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

D

GLADYS KIRKLAND

469 LAKE HENRY CT.

WINTER HAVEN, FL. 33881

☐ Change ☒ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: **HARRIET L. FOUTS PRES.**

Date

Daytime Phone #

CR2E037-(1/198)