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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 736239

1. Corporation Name

PALM BAY CHAPTER #2622 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business

1418 HERNDON CR NE
PALM BAY FL 32905
US

Mailing Address

1418 HERNDON CR NE
PALM BAY FL 32905
US



2. Principal Place of Business

21 1060 ALTAMIRA ST. NW

2a. Mailing Address

26 1060 ALTAMIRA ST. NW

3. Date Incorporated or Qualified

06/29/1976

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

95-3029898

Applied For

Not Applicable

City & State

23 Palm Bay, FL

City & State

28 Palm Bay, FL

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

24 32907

25 USA

Zip

Country

29 32907

30 USA

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

JANSEN, GEORGE
1418 HERNDON ST NE
PALM BAY FL 32905

10. Name and Address of New Registered Agent

81 Name

NYLA S. BUCHOLTZ

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

1060 ALTAMIRA ST. NW

83

84 City

Palm Bay

FL

85 Zip Code

32907

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 *Nyla S. Bucholtz*

NYLA S. BUCHOLTZ

1-28-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

T ☒ DELETE

NAME JANSEN, GEORGE
STREET ADDRESS 1418 HERNDON, CR NE
CITY-ST-ZIP PALM BAY FL 32905

D ☒ DELETE

NAME TURNER, GEORGE E.
STREET ADDRESS 1327 ARITON AVE. NE
CITY-ST-ZIP PALM BAY FL 32907

D ☐ DELETE

NAME PETER, JANNONE
STREET ADDRESS P.O. BOX 50049 N/A
CITY-ST-ZIP MALABAR FL 32950

V ☐ DELETE

NAME BATTICE, THELMA
STREET ADDRESS 2194 FALLON BLVD
CITY-ST-ZIP PALM BAY FL 32905

D ☐ DELETE

NAME KING, JIM
STREET ADDRESS 898 CHAMPION DR NE
CITY-ST-ZIP PALM BAY FL 32905

P ☒ DELETE

NAME MCIVER, BERT
STREET ADDRESS 1659 AVERY RD. NE
CITY-ST-ZIP PALM BAY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE S/T ☐ Change ☒ Addition

1.2 NAME NYLA S. BUCHOLTZ
1.3 STREET ADDRESS 1060 ALTAMIRA ST. NW
1.4 CITY-ST-ZIP Palm Bay, FL 32907-2754

2.1 TITLE D ☐ Change ☒ Addition

2.2 NAME Bert McIVER
2.3 STREET ADDRESS 1659 AVERY RD. NE
2.4 CITY-ST-ZIP Palm Bay, FL

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE P ☐ Change ☒ Addition

6.2 NAME GEORGE SENTNER
6.3 STREET ADDRESS 1664 Sunny Brook Ln., NE
6.4 CITY-ST-ZIP Palm Bay, FL 32905

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: *Nyla S. Bucholtz* SIGNATURE REQUIRED: *Nyla S. Bucholtz* 1-28-98 407-724-8975

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)