

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 15 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 740325 (6)**

1. Corporation Name  
**BROOKSVILLE, FLORIDA CHAPTER #2975 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.**



Principal Place of Business <b>CHRIST LUTHERAN CHURCH 475 N. AVE. W. BROOKSVILLE FL 34801</b>	Mailing Address <b>1321 CANDLELIGHT BLVD. BROOKSVILLE FL 34801 US</b>
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3. Date Incorporated or Qualified  
**10/05/1977**

4. FEI Number  
**95-3156396**

Applied For	Not Applicable
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2. Principal Place of Business <b>21</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26</b> Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>24</b> Country	<b>29</b> Country

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

**PERRY, THOMAS  
7208 ASHBROOK DR  
BROOKSVILLE FL 34801**

10. Name and Address of New Registered Agent

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> 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 Thomas Perry, Perry, Thomas DATE March 3, 1998

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>STRAIT, ELISABETH</b>	
STREET ADDRESS	<b>215 S COURTENAY PKWY, #35</b>	
CITY-ST-ZIP	<b>MERRITT ISLAND FL 32952-4513</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ROMIG, FRANCES</b>	
STREET ADDRESS	<b>7459 MITCHELL RD</b>	
CITY-ST-ZIP	<b>BROOKSVILLE FL</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ABBOTT, CAROLYN</b>	
STREET ADDRESS	<b>1321 CANDLELIGHT BLVD</b>	
CITY-ST-ZIP	<b>BROOKSVILLE FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>VANSUSTERN, JOHN</b>	
STREET ADDRESS	<b>900 N BROAD ST - LOT 2089</b>	
CITY-ST-ZIP	<b>BROOKSVILLE FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>VANSUSTERN, HELEN</b>	
STREET ADDRESS	<b>900 N BROAD ST, LOT 2089</b>	
CITY-ST-ZIP	<b>BROOKSVILLE FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WISE, VIRGIL</b>	
STREET ADDRESS	<b>6492 CEDAR SIDE</b>	
CITY-ST-ZIP	<b>BROOKSVILLE FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	<b>P</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>STRAIT, ELISABETH</b>	
1.3 STREET ADDRESS	<b>215 S. COURTENAY PKWY # 35</b>	
1.4 CITY-ST-ZIP	<b>MERRITT ISLAND, FL. 32952-4513</b>	
2.1 TITLE	<b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>ROMIG, FRANCES</b>	
2.3 STREET ADDRESS	<b>7459 MITCHELL RD.</b>	
2.4 CITY-ST-ZIP	<b>BROOKSVILLE, FL. 34601</b>	
3.1 TITLE	<b>T</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>STANEK, ALEX</b>	
3.3 STREET ADDRESS	<b>900 N. BROAD ST., LOT 4259</b>	
3.4 CITY-ST-ZIP	<b>BROOKSVILLE, FL. 34601</b>	
4.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>ABBOTT, CAROLYN</b>	
4.3 STREET ADDRESS	<b>1321 CANDLELIGHT BLVD.</b>	
4.4 CITY-ST-ZIP	<b>BROOKSVILLE, FL. 34601</b>	
5.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>WYDOTIS, MARYANN</b>	
5.3 STREET ADDRESS	<b>13001 BRIDLE PATH</b>	
5.4 CITY-ST-ZIP	<b>BROOKSVILLE, FL. 34614</b>	
6.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>VAN SUSTEREN, JOHN</b>	
6.3 STREET ADDRESS	<b>900 N. BROAD ST., LOT 2089</b>	
6.4 CITY-ST-ZIP	<b>BROOKSVILLE, FL. 34601</b>	

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: Alex Stanek Treas. 4/2/98

CR2E037 (10/97)