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Secretary of State

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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 # 740325

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

Principal Place of Business %CHRIST LUTHERAN CHURCH 475 N. AVE. W. BROOKSVILLE FL 34601	Mailing Address 1321 CANDLELIGHT BLVD. BROOKSVILLE FL 34601 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 900 N. BROAD ST. # 4259	10/05/1977
22 City & State	27 BROOKSVILLE FL 34601	4. FEI Number
23 Zip	28 34601 U.S.	95-3156396
24 Country	29	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

PERRY, THOMAS
7296 ASHBROOK DR
BROOKSVILLE FL 34601

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	STRAIT, ELISABETH	
STREET ADDRESS	215 S COURTENEY PKWY, #35	
CITY-ST-ZIP	MERRITT ISLAND FL 32952-4513	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ROMIG, FRANCES	
STREET ADDRESS	7459 MITCHELL RD	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE	T	<input type="checkbox"/> DELETE
NAME	STANEK, ALEX	
STREET ADDRESS	900 N BROAD ST	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE	BS	<input type="checkbox"/> DELETE
NAME	ABBOTT, CAROLYN	
STREET ADDRESS	1321 CANDLELIGHT BLVD	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WYDOTIS, MARYANN	
STREET ADDRESS	13001 BRIDLE PATH	
CITY-ST-ZIP	BROOKSVILLE FL 34614	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	VAN SUSTEREN, JOHN	
STREET ADDRESS	900 N BROAD ST LOT 2089	
CITY-ST-ZIP	BROOKSVILLE FL 34601	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FRANCES ROMIG	
1.3 STREET ADDRESS	7459 MITCHELL RD.	
1.4 CITY-ST-ZIP	BROOKSVILLE, FL. 34601-5652	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MARY ANN WYDOTIS	
2.3 STREET ADDRESS	13001 BRIDLE PATH	
2.4 CITY-ST-ZIP	BROOKSVILLE, FL. 34614	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	ROSE CLAYARD	
6.3 STREET ADDRESS	310 LONGWOOD DRIVE BX. 583	
6.4 CITY-ST-ZIP	BROOKSVILLE FL. 34601	

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: Alex Staneck **SIGNATURE REQUIRED** Mar. 27, 1999 352-296-7967

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/1/98)