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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **765362** **(9)**

1. Corporation Name

OKALOOSA COUNTY CHAPTER #3493 OF AMERICAN ASSOCI ATION OF RETIRED PERSONS, INC.

Principal Place of Business	Mailing Address
814 N LAKESIDE DRIVE DESTIN FL 32541	814 N LAKESIDE DRIVE DESTIN FL 32541

3. Date Incorporated or Qualified: 10/11/1982

4. FEI Number: 95-3764605 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26 P.O. BOX 771
Suite, Apt. #, etc. 22 32 PALMETTO DR.	Suite, Apt. #, etc. 27
City & State 23 MARY ESTHER, FL.	City & State 28 MARY ESTHER, FL.
Zip / Country 24 32569 / 25 OKALOOSA	Zip / Country 29 32569 / 30 OKALOOSA

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 N/A

9. Name and Address of Current Registered Agent

AMARO, CESAR
814 N LAKESIDE DRIVE
DESTIN FL 32541

10. Name and Address of New Registered Agent

81 Name: EVELYN CLARK
82 Street Address (P.O. Box Number is Not Acceptable)
83 32 PALMETTO DRIVE
84 City: MARY ESTHER, FL 85 Zip Code: 32569

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: Evelyn W. Clark P/D 1/22/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CAWRSE, AL 79 CREST PLACE DESTIN FL 32541	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD AMARO, CESAR 814 N. LAKESIDE DR. DESTIN FL 32541	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☑ Change ☐ Addition P/D EVELYN CLARK 32 PALMETTO DRIVE MARY ESTHER, FL 32569
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD THORNBURG, ART 40 WINDHAM AVE., #416 FORT WALTON BEACH FL 32569	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DAVIS, SELMA 40 WINDHAM AVE., 416 MARY ESTER FL 32569	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☑ Change ☐ Addition T/D THERESA HOLLAND 28 CHELSEA DR. N.W. FORT WALTON BCH, FL 32547
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/97)

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: Evelyn W. Clark 1/22/98 (850) 243-8906
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #