

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Feb 12 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # P15666 (1)**  
 1. Corporation Name  
**AMERICAN ASSOCIATION OF RETIRED PERSONS, INCORPORATED**



Principal Place of Business <b>601 E. STREET N.W. ATTN: TAX TREASURY &amp; REPORTING WASHINGTON DC 20049 US</b>	Mailing Address <b>601 E. STREET N.W. ATTN: TAX TREASURY &amp; REPORTING WASHINGTON DC 20049 US</b>
--	--

3. Date Incorporated or Qualified <b>08/21/1987</b>	
4. FEI Number <b>95-1985500</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29 30

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No <b>NA</b>	

9. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number Is Not Acceptable)	
83	
84 City	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIXON, MARGARET A	1.2 NAME	
STREET ADDRESS	601 E STREET N.W.	1.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANJA, ESTHER	2.2 NAME	
STREET ADDRESS	601 E STREET N.W.	2.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, ANN	3.2 NAME	
STREET ADDRESS	601 E STREET N.W.	3.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TULL, ALLAN W	4.2 NAME	
STREET ADDRESS	601 E STREET N.W.	4.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC	4.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENA, ABELICIO M	5.2 NAME	
STREET ADDRESS	601 E STREET N.W.	5.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC	5.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUFF SR, J K	6.2 NAME	
STREET ADDRESS	601 E STREET N.W.	6.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC	6.4 CITY-ST-ZIP	

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: *Margaret A. Dixon*

CFR2E037 (10/97)

**AMERICAN ASSOCIATION OF RETIRED PERSONS**  
Additional National Officers and Board of Directors

Florida Nonprofit Corporation Annual Report - 1998  
(attachment to Block 13)

NAME	TITLE
Joseph S. Perkins	President-Elect
Eugene I. Lehrmann	Immediate Past Pres.
Helen Boosalis	Chair
Allen M.A. Buckingham	Director
Otto H. Schultz	Director
Bernice B. Shepard	Director
Howard H. Shumway	Director
John G. Lione, M.D.	Director
Jane K. Pang	Director
Marie V. Sonderman	Director
Jane O'Dell Baumgarten	Director
Beatrice S. Braun, M.D.	Director
Keith Campbell	Director
James G. Parkel	Director
Virginia L. Tierney	Director
Horace B. Deets	Executive Director
Richard W. Henry	Chief Operating Officer

The business address for all of the above is:  
601 E Street N.W., Washington, D.C. 20049