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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 723761

1. Corporation Name

**WINTER PARK CHAPTER #1047 OF AMERICA ASSOCIATION
OF RETIRED PERSONS, INC**

Principal Place of Business

8022 NASHUA LN.
ORLANDO FL 32817
US

Mailing Address

8022 NASHUA LN.
ORLANDO FL 32817
US



2. Principal Place of Business

21 1871 Choctaw Tr.

2a. Mailing Address

26 Same

3. Date Incorporated or Qualified

06/27/1972

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

23-7183313

Applied For

☒ Not Applicable

City & State

23 Maitland FL

City & State

28 Maitland FL

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip Country

24 32751 25 Orange

Zip Country

29 30

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

JAMISON, ELEANOR A.
8022 NASHUA LN.
ORLANDO FL 32817

10. Name and Address of New Registered Agent

81 Name O.C. HALYARD
82 Street Address (P.O. Box Number is Not Acceptable)
83 1871 Choctaw Tr.
84 City Maitland FL 85 Zip Code 32751

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

O.C. Halyard
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/99

12. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	NOYES, ANNETTE	
STREET ADDRESS	1845 ALBERT LEE PKWY	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	JAMISON, ELEANOR	
STREET ADDRESS	8022 NASHUA LANE	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GILMAN, MARGARET	
STREET ADDRESS	4758 TANGERINE AVE	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SERVICE, CAROL	
STREET ADDRESS	2341 BANCHORY RD	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MCGRANAHAN, ANN	
STREET ADDRESS	10560 CRESTO DEL SOL CR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	HALYARD, O.C.	
STREET ADDRESS	1871 CHOCTAW TRAIL	
CITY-ST-ZIP	MAITLAND FL 32751	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Vice President & Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Helen Somers	
1.3 STREET ADDRESS	989 Eastbrook Blvd.	
1.4 CITY-ST-ZIP	Winter Park FL 32792	
2.1 TITLE	Bea Michalski	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Secretary & Director	
2.3 STREET ADDRESS	667 Jameson Blvd #1065	
2.4 CITY-ST-ZIP	Altamonte Springs FL 32714	
3.1 TITLE	Treasurer & Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	George Baumgartner	
3.3 STREET ADDRESS	7330 Malone Dr.	
3.4 CITY-ST-ZIP	Orlando FL 32810	
4.1 TITLE	Same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Tane Boskovich	
5.3 STREET ADDRESS	200 St Andrews Blvd #3307	
5.4 CITY-ST-ZIP	Winter Park FL 32792	
6.1 TITLE	President & Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE:

O.C. Halyard
Signature and TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/99 407 628 3595

CR2E037 (11/98)