FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

702174

(4)

ORLANDO CENTRAL FLORIDA CHAPTER OF AMERICAN ASSO CIATION OF RETIRED PERSONS INC

FILED					
Mar 31	1998	8:00am			
Secret	tary o	f State			

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Principal Place	e of Business	Mailing Address		(15411) 10214 20119 11521 11511 10211 0121 01215 21215 21211 21211 21211 01211 1561
3815 MILFORD		3815 MILFORD AVE.		3. Date Incorporated or Qualified
ORLANDO FL 3	2839	ORLANDO FL 32839		03/18/1961
US		U\$		4. FEI Number Applied For
		_	_	59-6209761 Not Applicable
2. Principal P	of Aklary are	2a. Mailing Address	claren a	5. Certificate of Status Desired S8.75 Additional Fee Required
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	1	6. Election Campaign Financing \$5.00 May Be
22 CAZ	.1402	27 Upt 14	02	Trust Fund Contribution
23 Ork	and H	28 Orlando	71	7. Is this nonprofit corporation a homeowners association?
Zig	Country		Country	8. This corporation owes or has paid the current year Intangible
24 000	0 / 25		10	Personal Property Tax due June 30.
	9. Name and Address of Current	Registered Agent	201	10. Name and Address of New Registered Agent
}			81 Name	Mary Carter
SMITH, V	MILLIAM C		82 Street A	Address (P.Q. Box Ny Ober is Mot Agreptable)
3815 MIL	LFORD AVE.			315 B. Allaney W.
ORLAND	O FL 32839		83	ONT MAD
			84 City	as Zin Code
			[34] 54, ((Irlando FL \$380/
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 poration's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the obligati	ons of, Section 617.0503, Flori	ida Statutes.	ioration's board of directors, i hereby accept the appointment as registered
SIGNATURE	MARII (IART	ER PRESIL	DENT /	Par Let (Gorber) Planch 1.1998
OIGHATORE .	Signature, typed or printed name of registered agent	and title if applicable (NOTE:	Registered Agent signature	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	Change Addition
NAME	BAKER, CALVIN		1.2 NAME	Calzun Baker and march
STREET ADDRESS	20 W. LUCERNE CIRCLE, APT.	914	1.3 STREET ADDRESS	Low. Lucine Circu, 17
CITY-ST-ZIP	ORLANDO FL 32801		1.4 CITY - ST - ZIP	Cerlando, 71 52801
TITLE	D	DELETE	2.1 TITLE	Inalutta Winslow Change Addition
NAME	POSTLEWAIT, CLYDE		2.2 NAME	22.22 E. Sore ave. Treetor
STREET ADDRESS	2504 FORFARSHIRE DRIVE		2.3 STREET ADDRESS	Orlando 71 32806
CITY-ST-ZIP	WINTER PARK FL 32792		2. 4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	Change Addition
NAME	LADUE, SALLY		3.2 NAME	Lally Lake Did = 1
STREET ADDRESS	20 W. LUCERNE CIRCLE, #218	ı	3.3 STREET ADDRESS	to w. Kucerne welle, " all
CITY-ST-ZIP	ORLANDO FL 32801		3.4. CITY-ST-ZIP	Oslando #1 32801.
TITLE	P	DELETE	4.1 TITLE	Dresident Addition
NAME	SMITH, WILLIAM C		4. 2 NAME	mary carter_
STREET ADDRESS	3815 MILFORD AVE.		4.3 STREET ADDRESS	5155 Thelaney Rue #1402
CITY-ST-ZIP	ORLANDO FL 32839		4.4 CITY+ST-ZIP	133801
TITLE	· ————————————————————————————————————	☐ DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY - ST - ZIP	
TITLE		DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
City-St-2#P			6.4 CITY-ST-ZIP	
44 11				

I nereby 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 informatic 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.

CHATY CARTER

ONLY OF THE STATE OF TH