

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90181 031 ****61.25

DOCUMENT # 702174

1. Corporation Name

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

Principal Place of Business

**515 S DELANEY AVE
APT 1402
ORLANDO FL 32801
US**

Mailing Address

**515 S DELANEY AVE
APT 1402
ORLANDO FL 32801
US**



Principal Place of Business

2a. Mailing Address

26 100 E. Anderson St

3. Date Incorporated or Qualified

03/18/1961

Suite, Apt. #, etc.

Suite, Apt. #, etc.

27 Apt. 909

4. FEI Number
59-6209761

Applied For
☐ Not Applicable

City & State

City & State

28 Orlando, Florida

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

Zip

Country

Zip

Country

29 32801

30 U.S.A.

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CARTER, MARY
515 S DELANEY AVE
APT 1402
ORLANDO FL 32801**

81 Name

CARTER, MARY

82 Street Address (P.O. Box Number is Not Acceptable)

100 E. ANDERSON ST.

83 **APT. 909**

84 City **ORLANDO**

FL

85 Zip Code **32801**

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.

MARY CARTER, PRESIDENT

Mary Carter

January 20, 1999

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

	<input type="checkbox"/> DELETE
D	
BAKER, CALVIN	
20 W LUCERNE CIR SUITE 914	
ORLANDO FL 32801	
D	<input checked="" type="checkbox"/> DELETE
WINSLOW, IRABUTTA	
2222 E GORE AVE	
ORLANDO FL 32806	
D	<input checked="" type="checkbox"/> DELETE
LADUE, SALLY	
20 W LUCERNE CIR SUITE 218	
ORLANDO FL 32801	
P	<input type="checkbox"/> DELETE
CARTER, MARY	
515 S DELANEY AVE SUITE 1402	
ORLANDO FL 32801	
	<input type="checkbox"/> DELETE
	<input type="checkbox"/> DELETE

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DARDARELLI ALEXANDER
2.3 STREET ADDRESS	3612 ST. MORITZ ST.
2.4 CITY-ST-ZIP	ORLANDO, FL 32812
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HICKEY-PATTON, VALERIE
3.3 STREET ADDRESS	5651 JEAN DR.
3.4 CITY-ST-ZIP	ORLANDO, FL 32822
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 checked="" type="checkbox"/> Addition
5.2 NAME	D LEWIS ELEANOR
5.3 STREET ADDRESS	8271 PALM HARBOR WAY
5.4 CITY-ST-ZIP	ORLANDO, FL 32822
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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:

Mary Carter **MARY CARTER** 1-20-99 (407) 423-7474

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)