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Mar 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 711137 (0)

1. Corporation Name
GREATER NEW PORT RICHEY CHAPTER OF THE AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business 8224 GOLDEN BEAR LOOP PORT RICHEY FL 34668-6955 US	Mailing Address 8224 GOLDEN BEAR LOOP FORT RICHEY FL 34668-6955 US
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2. Principal Place of Business 21 ELERS SENIOR CENTER Suite, Apt. #, etc. 22 GRAY & BARKER ST City & State 23 NEW PORT Richey FL Zip 24 34652 Country 25 USA	2a. Mailing Address 26 9831 ALVERNON DR Suite, Apt. #, etc. 27 City & State 28 NEW PORT Richey FL Zip 29 34655 Country 30 USA
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9. Name and Address of Current Registered Agent WILLIAM R. ANGLE 8224 GOLDEN BEAR LOOP PORT RICHEY FL 34668	10. Name and Address of New Registered Agent 81 Name Barbara Theiss 82 Street Address (P.O. Box Number is Not Acceptable) 9831 ALVERNON DR 83 84 City NEW PORT RICHEY FL 85 Zip Code 34655
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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 Barbara Theiss Barbara Theiss, president 3/2/98
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE P	<input checked="" type="checkbox"/> DELETE
NAME WILLIAM R. ANGLE	
STREET ADDRESS 8224 GOLDEN BEAR LOOP	
CITY-ST-ZIP NEW PORT RICHEY FL	
TITLE D	<input type="checkbox"/> DELETE
NAME COBB, SARAH	
STREET ADDRESS 2515 RANCHSIDE TERR.	
CITY-ST-ZIP NEW PORT RICHEY FL 34655	
TITLE VP	<input type="checkbox"/> DELETE
NAME SCHWEIGERTT, CLARENCE	
STREET ADDRESS 7407 DONEGAL STREET	
CITY-ST-ZIP NEW PORT RICHEY FL	
TITLE T	<input checked="" type="checkbox"/> DELETE
NAME ANNA JELONNEK	
STREET ADDRESS 4007 LA PASIDA LANDE	
CITY-ST-ZIP NEW PORT RICHEY FL	
TITLE S	<input checked="" type="checkbox"/> DELETE
NAME IRENE MELOCCO	
STREET ADDRESS 3350 DELLEFIELD STREET	
CITY-ST-ZIP NEW PORT RICHEY FL	
TITLE D	<input type="checkbox"/> DELETE
NAME GRONOAHL, VERA	
STREET ADDRESS 5030 SERENE SQUARE	
CITY-ST-ZIP NEW PORT RICHEY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME Barbara Theiss	
1.3 STREET ADDRESS 9831 ALVERNON DR	
1.4 CITY-ST-ZIP NEW PORT RICHEY FL 34655	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME Richard Theiss	
4.3 STREET ADDRESS 9831 ALVERNON DR	
4.4 CITY-ST-ZIP NEW PORT RICHEY FL 34655	
5.1 TITLE SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME CHARLOTTE HORNER	
5.3 STREET ADDRESS 5053 POSTELL DR	
5.4 CITY-ST-ZIP HOLIDAY, FL 34690	
6.1 TITLE	<input 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.

SIGNATURE Barbara Theiss BARBARA THEISS 3/2/98 813/322-9167

CR2E037 (10/97)