

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
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90024 021 ****61.25

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DOCUMENT # 711137

1. Corporation Name

**GREATER NEW PORT RICHEY CHAPTER OF THE AMERICAN
ASSOCIATION OF RETIRED PERSONS, INC.**

Principal Place of Business

ELFERS SENIOR CENTER
GRAY & BARKER ST
NEW PORT RICHEY FL 34652
US

Mailing Address

9831 ALVERNON DR
NEW PORT RICHEY FL 34655
US



2. Principal Place of Business

21 **Asbury United Methodist**

2a. Mailing Address

26 Suite, Apt. #, etc.

22 **4209 Thys Road**

27 City & State

23 **New Port Richey FL**

28 City & State

24 **34653** 25 **USA**

29 Zip 30 Country

3. Date Incorporated or Qualified

07/05/1966

4. FEI Number

59-1874694

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

THEISS, BARBARA
9831 ALVERNON DR
NEW PORT RICHEY FL 34655

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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 **Barbara A. Theiss**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/29/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THEISS, BARBARA	1.2 NAME	
STREET ADDRESS	9831 ALVERNON DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COBB, SARAH	2.2 NAME	
STREET ADDRESS	2515 RANCHSIDE TERR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWEIGERTT, CLARENCE	3.2 NAME	
STREET ADDRESS	7407 DONEGAL STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THEISS, RICHARD	4.2 NAME	
STREET ADDRESS	9831 ALVERNON DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORNER, CHARLOTTE	5.2 NAME	
STREET ADDRESS	5053 POSTELL DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOLIDAY FL 34690	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRONOAHL, VERA	6.2 NAME	
STREET ADDRESS	5030 SERENE SQUARE	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	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 another like empowered.

SIGNATURE: **Barbara A. Theiss**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/99 (227) 372-9657

Date

Daytime Phone #

CR2E037 (11/98)