


FILE NOW: FILING FEE IS \$61.25

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Apr 13 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **711590** (0)

1. Corporation Name

**LEON COUNTY CHAPTER #376 OF AMERICAN ASSOCIATION  
OF RETIRED PERSONS, INC.**



Principal Place of Business <b>415</b> <b>415 E. BREVARD ST.</b> <b>APT. 12</b> <b>TALLAHASSEE FL 32301</b> <b>US</b>	Mailing Address <b>415</b> <b>415 E. BREVARD ST.</b> <b>APT. 12</b> <b>TALLAHASSEE FL 32301</b> <b>US</b>
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3. Date Incorporated or Qualified	<b>10/06/1966</b>
4. FEI Number	<b>23-7150381</b>
Applied For	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	
<b>MULLEN, PHYLLIS M</b> <b>415 E. BREVARD ST.</b> <b>APT. 12</b> <b>TALLAHASSEE FL 32301 - 1269</b>	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 *Phyllis M. Mullen, President* *Phyllis M. Mullen* DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>PD MULLEN, PHYLLIS M</b>
STREET ADDRESS	<b>415 E. BREVARD ST., APT. 12</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL 32301 - 1269</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>VD LINN, EDITH</b>
STREET ADDRESS	<b>1722 SILVERWOOD DR.</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL 32301</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>SD BOULAND, EDNA</b>
STREET ADDRESS	<b>2825 POUND DR.</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL 32312</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>TD CROZIER, MARY</b>
STREET ADDRESS	<b>815 CHESTWOOD AVE.</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL 32303</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Re-elected PD</b>
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<b>1st Vice President VD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>JOHNNYE LUEBKEMANN</b>
2.3 STREET ADDRESS	<b>3004 Brookmont Dr.</b>
2.4 CITY-ST-ZIP	<b>TALLAHASSEE FL 32312</b>
3.1 TITLE	<b>Secretary SD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Ms. Patricia Cook</b>
3.3 STREET ADDRESS	<b>4740 Marseilles Blvd</b>
3.4 CITY-ST-ZIP	<b>TALLAHASSEE FL 32303</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Re-elected TD</b>
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<b>2nd Vice President VD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Jack Carroll</b>
5.3 STREET ADDRESS	<b>1951 N. Meridian Rd.</b>
5.4 CITY-ST-ZIP	<b>TALLAHASSEE FL 32303</b>
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: *Phyllis M. Mullen* **3/19/98** **857-322-9878**

CR2E037 (10/97)