## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

### **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

# **DOCUMENT # 711590**

1. Corporation Name

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

Principal Place of Busine	SS
415 E BREVARD ST	
APT. 12 TALLAHASSEE FL 32301	
US	

Mailing Address

415 E BREVARD ST

APT. 12

TALLAHASSEE FL 32301

# FILED Apr 30, 1999 8:00 am § Secretary of State

04-30-1999 90014 035 \*\*\*\*61.25

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2. Principal PI	Place of Business N. Monroe St. 2a, Majling Address 26, 1400 N. Monroe St.			t	3. Date Incorporated or Qualifed 10/06/1966			
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			4. FEI Number	Apr	plied For	
22	,, 5.5.	27		•	23-7150381	No	t Applicable	
City & State	<del></del>	City & State			E o iii i folia Desirat D	\$8.75 A	dditional	
Tallahassee, FL 28 Tallahassee,					5. Certifcate of Status Desired	Fee Re	quired	
Zin Country Zin 22203 Coul			Country	ntry 6. Election Campaign Financing \$5.00 May Be				
323 <sup>دات</sup> ي	03 25	29 30			Trust Fund Contribution	Added to	o Fees	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Regist	ered Agent		
				<sup>81</sup> Name Brenner, Marjorie M.				
MULLEN, PHYLLIS M				82 Street Address (P.O. Box Number is Not Acceptable) 5037 Stanwood Court				
415 E BREVARD ST								
APT. 12				83				
TALLAHASSEE FL 32301			84 City Tallahassee FL 85 32991					
	, <u>, , , , , , , , , , , , , , , , , , </u>		, ,					
				-named cor he corporat	rporation submits this statement for the purportion's board of directors. I hereby accept the	se or changing its appointment as reg	registerea gistered	
agent. I a	m familiar with, and accept the obligation	ons of, Section 617.0503, Florida S	Statutes.					
SIGNATURE	VIlarsone III. Dre	nnll Presi	ideni	t, Le	on Co. Ch. 376 AARP	<u>4/28/99</u>	<u>y</u>	
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Registi	tered Agent	signature requir	red when reinstating)  ADDITIONS/CHANGES TO OFFICER	E AND DIRECTO	RS IN 12	
12.	OFFICERS AND	DIRECTORO	13.		ADDITIONS/GHANGES TO GITTEET	Change	Addition	
TITLE	PD		.1 TITLE	18	renner, Marjorie M.	M Outlinge	- Addition	
NAME	MULLEN, PHYLLIS M		.2 NAME	2	6037 Stanwood Court			
STREET ADDRESS	415 E BREVARD ST APT 12	1.	.3 STREET A	ADDRESS 1	1037 Stanwood Court 1211 anassee, FL 3231	1		
CITY-ST-ZIP	TALLAHASSEE FL 32301		.4 CITY-ST-	ZIP			. D 4 d 200 a a	
TITLE	VP .	DELETE 2.	.1 TITLE		//D	** Change	• 🔲 Addition	
NAME	LUEBKEMANN, JOHNNYE		2.2 NAME	4	Mullen Phyllis 1744 Biscay Bivd.			
STREET ADDRESS	s 3004 BROOKMONT DR 23 ST		2.3 STREET A	ADDRESS T	Tallahassee, FL 3230	3		
CITY-ST-ZIP	17 120 11 11 11 11 11 11 11 11 11 11 11 11 11		2. 4 CITY-ST-	-ZIP				
⊞r≆	DS	☐ DELETE 3.	3.1 TITLE		S/D	.Change	Addition	
NAME	COOK, PATTI		3.2 NAME		look, Patti			
STREET ADDRESS	4740 MARSEILLES BLVD 3.3 ST		3.3 STREET A	ADDRESS 4	748 Marseilles Blyd	<b>Q</b> .		
CITY-ST-ZIP	TALLAHASSEE FL 32303		A. CITY-ST-	-ZIP L	lattanassee, FL 3230			
πLE	TD	DELETE 4	1.1 TITLE	i T	C/D <sub>1</sub> = Emanage	Change	☐ Addition	
NAME	CROZIER, MARY	4	. 2 NAME	S	Tiles, Frances 205 Tanglewood Ter			
STREET ADDRESS	815 CHESTWOOD AVE.	4	3.3 STREET #	ADDRESS 2	LAUD Languewood ler	2	•	
CITY-ST-ZIP	TALLAHASSEE FL 32303	4	4 CITY-ST-	ZIP I	Callahassee, FL 3230			
TITLE	VD	DELETE 5.	S.1 TITLE	_		☐ Change	☐ Addition	
NAME .	CARROLL, JACK	5	5.2 NAME	-				
STREET ADDRESS	1951 N MERIDIAN RD	5.	3.3 STREET A	ADDRESS				
CITY-ST-ZIP	TALLAHASSEE FL 32303	5	i.4 CITY-ST-	ZIP				
TITLE		☐ DELETE 6	3.1 TITLE			Change	☐ Addition	
NAME		6	3.2 NAME					
STREET ADDRESS		6	3.3 STREET A	ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-					
14. I hereby o	certify that the information supplied with	this filing does not qualify for the	exemptio	n stated in	Section 119.07(3)(i), Florida Statutes. I furth	er certify that the in	nformation	

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.

BEREREER LEON CO. Ch. 376 AARP Daytime Phone #