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**Mar 02, 1999 8:00 am**  
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03-02-1999 90049 048 \*\*\*\*61.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # 714973**

1. Corporation Name

**DAYTONA BEACH AREA CHAPTER #386 OF AMERICAN ASSO  
 CIATION OF RETIRED PERSONS, INC.**

Principal Place of Business

160 NO. BEACH ST.  
 DAYTONA BEACH FL 32115  
 US

Mailing Address

P.O. BOX 1790  
 DAYTONA BEACH FL 32115-1790



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

07/22/1968

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

23-7120281

Applied For  
 Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing  
 Trust Fund Contribution

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

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WALLS, MARILYN  
 45 RIVERDUNES DR.  
 DAYTONA BEACH FL 32118**

81 Name

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

**45 RIVER DUNES DR.**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TINKOFF, L. BARRY	1.2 NAME	
STREET ADDRESS	152 LOON CT.	1.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32119	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLS, MARILYN	2.2 NAME	
STREET ADDRESS	45 RIVERDUNES DR	2.3 STREET ADDRESS	<b>45 RIVER DUNES DR.</b>
CITY-ST-ZIP	DAYTONA BEACH FL 32118	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEYER, GEORGE	3.2 NAME	
STREET ADDRESS	200 HARPERS FERRY DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYANT, KAREN	4.2 NAME	
STREET ADDRESS	754 RIVER OAK DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32174	4.4 CITY-ST-ZIP	
TITLE	<del>CD</del> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>RABINOWITZ, BARBARA</del>	5.2 NAME	<b>MD</b>
STREET ADDRESS	<del>2710 RIDGE ROAD</del>	5.3 STREET ADDRESS	<b>CALVERT DAVIS</b>
CITY-ST-ZIP	<del>DAYTONA BEACH FL 32118</del>	5.4 CITY-ST-ZIP	<b>101 BRYAR CREEK CIR. DAYTONA BEACH, FL 32114</b>
TITLE	<del>MD</del> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>MYERS, CALVIN</del>	6.2 NAME	<b>D</b>
STREET ADDRESS	<del>512 FULTON ST.</del>	6.3 STREET ADDRESS	<b>ELSIE CHRISTENSEN</b>
CITY-ST-ZIP	<del>DAYTONA BEACH FL 32114</del>	6.4 CITY-ST-ZIP	<b>45 RIVER DUNES DR. DAYTONA BEACH, FL 32118</b>

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 all other like empowered.

SIGNATURE: L. BARRY TINKOFF

*L. Barry Tinkoff, Pres.*

Feb. 4, 1999

(904)760-6284

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)