

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90056 035 ****61.25

DOCUMENT # 714973
 1. Entity Name
**DAYTONA BEACH AREA CHAPTER #386 OF AMERICAN ASSO
 CIATION OF RETIRED PERSONS, INC.**

Principal Place of Business Mailing Address
**160 NO. BEACH ST.
 DAYTONA BEACH FL 32115
 US** **P.O. BOX 1790
 DAYTONA BEACH FL 32115-1790**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**BECK, BETTY D
 1302 SAN JOSE BLVD
 HOLLY HILL FL 32117**

4. FEI Number **23-7120281** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional
 Fee Required**

7. Name and Address of New Registered Agent
 Name **C T CORP. SYSTEM**
 Street Address (P.O. Box Number is Not Acceptable)
**1200 SOUTH PINE ISLAND ROAD **
PLANTATION, FLORIDA 33324
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.
 SIGNATURE *Betty D Beck* **BETTY D. BECK, TREASURER** **MARCH 13, 2002**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE & NAME	PD PETERS, IRENE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	524 PELICAN BAY DRIVE	
CITY-ST-ZIP	DAYTONA BEACH FL 32119	
TITLE & NAME	VD TERNENT, BILL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	6467 LONGLAKE DRIVE	
CITY-ST-ZIP	PORT ORANGE FL 32124	
TITLE & NAME	TD BECK, BETTY D	<input type="checkbox"/> Delete
STREET ADDRESS	1302 SAN JOSE BLVD	
CITY-ST-ZIP	HOLLY HILL FL 32117	
TITLE & NAME	SD RIEDEL, JOSIE	<input type="checkbox"/> Delete
STREET ADDRESS	112 GREBE COURT	
CITY-ST-ZIP	DAYTONA BEACH FL 32119	
TITLE & NAME	CD DAVIS, CALVERT	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	101 BRYAR CREEK CIR.	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE & NAME	D EVON, RAY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	113 WOOD IBIS COURT	
CITY-ST-ZIP	DAYTONA BEACH FL 32119	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE & NAME	PD BILL TERNENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	6467 LONGLAKE DRIVE	
CITY-ST-ZIP	PORT ORANGE, FL 32124	
TITLE & NAME	VD CARMEN HOWELL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1210 ESSEX ROAD	
CITY-ST-ZIP	DAYTONA BEACH, FL 32117	
TITLE & NAME	TD BETTY D. BECK	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1302 SAN JOSE BLVD.	
CITY-ST-ZIP	HOLLY HILL, FL 32117	
TITLE & NAME	SD JOSIE RIEDEL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	112 GREBE COURT	
CITY-ST-ZIP	DAYTONA BEACH, FL 32119	
TITLE & NAME	P. BARRY TINKOFF	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	152 LOON COURT	
CITY-ST-ZIP	DAYTONA BEACH, FL 32119	
TITLE & NAME	D MARILYN WALLS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	45 RIVER DUNES DRIVE	
CITY-ST-ZIP	DAYTONA BEACH, FL 32118	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Betty D Beck* **BETTY D. BECK, TREASURER** **3-13-02** **386-253-7237**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)