

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Apr 22 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 # 717326 (3)**  
1. Corporation Name  
**MANATEE COUNTY CHAPTER #75 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.**

Principal Place of Business <b>7222 MEADOW BROOK DR. SARASOTA FL 34243</b>	Mailing Address <b>7222 MEADOW BROOK DR. SARASOTA FL 34243</b>
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3. Date Incorporated or Qualified <b>10/10/1969</b>	
4. FEI Number <b>23-7060615</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <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 checked="" 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 checked="" type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

**9. Name and Address of Current Registered Agent**

**WOOD, MARTHA G.  
7222 MEADOW BROOK DRIVE  
SARASOTA FL 34243**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City <b>FL</b> <b>85</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>AMBROSE, ANNA</b>		1.2 NAME <b>Jensen, Paula</b>	
STREET ADDRESS <b>2539 FLAMINGO BLVD.</b>		1.3 STREET ADDRESS <b>2435 Flamingo Blvd.</b>	
CITY-ST-ZIP <b>BRADENTON FL</b>		1.4 CITY-ST-ZIP <b>Bradenton FL</b>	
TITLE <b>V</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>RYAN, THELMA</b>		2.2 NAME	
STREET ADDRESS <b>6512 BOWDOW PL</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>BRADENTON FL</b>		2.4 CITY-ST-ZIP	
TITLE <b>T</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>TANK, MARIE</b>		3.2 NAME	
STREET ADDRESS <b>4325 B CARLTON ARMS COL CIR</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>BRADENTON FL 34208-5144</b>		3.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BROWN, MONA</b>		4.2 NAME	
STREET ADDRESS <b>4710 14TH ST W #8</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>BRADENTON FL</b>		4.4 CITY-ST-ZIP	
TITLE <b>P</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WILSON, THOMAS</b>		5.2 NAME	
STREET ADDRESS <b>1200 AURORA BLVD, #128</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>BRADENTON FL</b>		5.4 CITY-ST-ZIP	
TITLE <b>SD</b>	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WILSON, FERN</b>		6.2 NAME	
STREET ADDRESS <b>1200 AURORA BLVD</b>		6.3 STREET ADDRESS	
CITY-ST-ZIP <b>BRADENTON FL</b>		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:** *Marie Tank* Marie Tank 4/16/98 (941)741-8141

CFR2E037 (10/97)