


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 08, 1999 8:00 am**  
**Secretary of State**

05-08-1999 90069 033 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 717326</b>					
1. Corporation Name <b>MANATEE COUNTY CHAPTER #75 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.</b>					
Principal Place of Business 7222 MEADOW BROOK DR. SARASOTA FL 34243			Mailing Address 7222 MEADOW BROOK DR. SARASOTA FL 34243		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/10/1969	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		23-7060615	
24 Country		29 Country		30	
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing				<input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WOOD, MARTHA G. 7222 MEADOW BROOK DRIVE SARASOTA FL 34243				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENSEN, PAULA	1.2 NAME	Marion Brown
STREET ADDRESS	2435 FLAMINGO BLVD	1.3 STREET ADDRESS	3600 Lake Bayshore Dr. #518
CITY-ST-ZIP	BRADENTON FL	1.4 CITY-ST-ZIP	Bradenton FL
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYAN, THELMA	2.2 NAME	
STREET ADDRESS	6512 BOWDOIN PL	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	2.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TANK, MARIE	3.2 NAME	Addie Mitchell
STREET ADDRESS	4325 B CARLTON ARMS COL CIR	3.3 STREET ADDRESS	1613 14th St E
CITY-ST-ZIP	BRADENTON FL 34208	3.4 CITY-ST-ZIP	Bradenton FL 34208
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, MONA	4.2 NAME	
STREET ADDRESS	4710 14TH ST W #8	4.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	4.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, THOMAS	5.2 NAME	
STREET ADDRESS	1200 AURORA BLVD, #128	5.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	5.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, FERN	6.2 NAME	
STREET ADDRESS	1200 AURORA BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	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, with all other like empowered.

SIGNATURE: Addie Mitchell Addie Mitchell 5/1/99 (941) 747-8170  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)