

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **717508** (6)

1. Corporation Name

**BREVARD COUNTY FLORIDA CHAPTER #219 OF AMERICAN
ASSOCIATION OF RETIRED PERSONS, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 1332
MELBOURNE FL 32902-1332

P.O. BOX 1332
MELBOURNE FL 32902-1332



3. Date Incorporated or Qualified

11/07/1969

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MILLER, JOHN W
2070 LITTLE JOHN RD
MELBOURNE FL 32935**

81 Name

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

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

John W. Miller
Signature typed or printed name of registered agent and title if applicable

JOHN W. MILLER (T)

24 APR 1996

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☒ DELETE
NAME **PILTZ, ROBERT L**
STREET ADDRESS **2523 REED AVE**
CITY-ST-ZIP **MELBOURNE FL 32901**

1.1 TITLE **P** ☒ Change ☐ Addition
1.2 NAME **PAILLPOTTS, JOHN**
1.3 STREET ADDRESS **4800 RIVERSIDE RD.**
1.4 CITY-ST-ZIP **PALM SHORES FL 32935**

TITLE **T** ☐ DELETE
NAME **MILLER, JOHN W**
STREET ADDRESS **2070 LITTLE JOHN RD**
CITY-ST-ZIP **MELBOURNE FL 32935**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **MCCALL, FLORENCE**
STREET ADDRESS **1815 DODGE CR**
CITY-ST-ZIP **MELBOURNE FL 32935**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **WHITE, BOB**
STREET ADDRESS **740 W ESPANOLA WAY**
CITY-ST-ZIP **MELBOURNE FL 32901**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **S** ☐ DELETE
NAME **ACKERMAN, HELEN**
STREET ADDRESS **2140 PLOMOSA WAY**
CITY-ST-ZIP **INDIALANTIC FK 32903**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **PHILLPOTTS, JOHN**
STREET ADDRESS **4800 RIVERSIDE RD**
CITY-ST-ZIP **PALM SHORES FL 32935**

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME **PILTZ, ROBERT L.**
6.3 STREET ADDRESS **2523 REED AV.**
6.4 CITY-ST-ZIP **MELBOURNE FL 32901**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

John W. Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

John W. Miller
2070 Little John Rd.
Melbourne, FL 32935-3734

24 APR 96 (407) 242-8934
Date Daytime Phone #

CR2E037 (12/95)