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Apr 09 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

4. FEI Number

23-7058268

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 Brevard

29 Brevard

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

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

Bernadette M. Farina

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

1018 Hidden Harbour Dr. Apt. D1

83

Melbourne, FL 32935

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 617.0504, Florida Statutes.

SIGNATURE Bernadette M. Farina

April 3, 1998

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	P	<input checked="" type="checkbox"/> DELETE
NAME	PHILLPOTTS JOHN	
STREET ADDRESS	4800 RIVERSIDE RD	
CITY-ST-ZIP	PALM SHORES FL	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	P FARIIA, Bernadette M
1.3 STREET ADDRESS	1018 Hidden Harbour Dr. Apt D1
1.4 CITY-ST-ZIP	Melbourne, FL 32935

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, JOHN W	
STREET ADDRESS	2070 LITTLE JOHN RD	
CITY-ST-ZIP	MELBOURNE FL 32935	

2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	V SELMER, Shirley
2.3 STREET ADDRESS	700 E. Strawbridge Av. #1405
2.4 CITY-ST-ZIP	Melbourne, FL 32901

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	MCCALL, FLORENCE	
STREET ADDRESS	1815 DODGE CR	
CITY-ST-ZIP	MELBOURNE FL	

3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	S DICK, Grace M
3.3 STREET ADDRESS	7723 Greenboro Dr.
3.4 CITY-ST-ZIP	Melbourne, FL 32904

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WHITE, BOB	
STREET ADDRESS	740 W ESPANOLA WAY	
CITY-ST-ZIP	MELBOURNE FL 32901	

4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	T LeCHER, Eugene C.
4.3 STREET ADDRESS	480 Oriole Lane
4.4 CITY-ST-ZIP	Indialantic, FL 32903

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	ACKERMAN, HELEN	
STREET ADDRESS	2140 PLOMOSA WAY	
CITY-ST-ZIP	INDIALANTIC FK 32903	

5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D ROSS, Margaret
5.3 STREET ADDRESS	700 E. Strawbridge Av. #401E
5.4 CITY-ST-ZIP	Melbourne FL 32901

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PILTZ ROBERT L.	
STREET ADDRESS	2523 REED AV	
CITY-ST-ZIP	MELBOURNE FL	

6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D ELLIS, Edw. Jr.
6.3 STREET ADDRESS	2290 Woodlawn Circle
6.4 CITY-ST-ZIP	Melbourne FL 32934

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: Bernadette M. Farina

April 3, 1998 407-255-1502

CR2E037 (10/97)