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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 717508

1. Corporation Name
BREVARD COUNTY FLORIDA CHAPTER #219 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

557944 - 90017 - 11

Principal Place of Business	Mailing Address
P.O. BOX 1332 MELBOURNE FL 32902-1332	P.O. BOX 1332 MELBOURNE FL 32902-1332

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	11/07/1969
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 23-7058268 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	8. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FARINA, BERNADETTE M 1018 HIDDEN HARBOUR DR. APT D1 MELBOURNE FL 32935	81 Name: SELMER, SHIRLEY 82 Street Address (P.O. Box Number is Not Acceptable): 700 E. STRAWBRIDGE Ave 83 Apt 1405 84 City: Melbourne FL 85 Zip Code: 32901

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 617.0503, Florida Statutes.

SIGNATURE: Shirley E Selmer 4/27/99
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P FARINA, BERNADETTE M 1018 HIDDEN HARBOUR DR APT D1 MELBOURNE FL 32935	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P. SELMER, SHIRLEY 700 E. STRAWBRIDGE AV #1405 MELBOURNE, FL 32901 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SELMER, SHIRLEY 700 E STRAWBRIDGE AV #1405 MELBOURNE FL 32901	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	V. ELLIS, EDW., JR. 2290 WOODLAWN CIRCLE MELBOURNE FL 32934 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DICK, GRACE M 7723 GREENBORO DR MELBOURNE FL 32904	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	S. GERALDINE WALLACE 42 Katherine Blvd Melbourne, FL 32904-354 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LECHER, EUGENE C 480 ORIOLE LANE INDIALANTIC FL 32903	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	T. DOROTHY MANGOLD 413 WILLOW TREE DR MELBOURNE, FL 32940 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROSS, MARGARET 700 E STRAWBRIDGE AV #401E MELBOURNE FL 32901	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	DIRECTOR BERADETTE FARENA ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ELLIS, EDW, Jr. 2290 WOODLAWN CIRLCE MELBOURNE FL 32934	☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	DIRECTOR MARGRET ROSS ☐ Change ☐ Addition

CR2E037_(11/98)

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: Shirley E Selmer SIGNATURE REQUIRED 4/9/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #