

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

01 APR -5 PM 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 717508

1. Corporation Name

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

Principal Place of Business

P.O. BOX 1332
MELBOURNE FL 32902-1332

Mailing Address

P.O. BOX 1332
MELBOURNE FL 32902-1332

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/07/1969

5. FEI Number

23-7058268

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	SELMER, SHIRLEY	700 E STRAWBRIDGE AVE #1405	MELBOURNE FL 32901
V	ELLIS, EDWIN JR	2290 WOODLAWN CIR	MELBOURNE FL 32934
S	WALLACE, GERALDINE	42 KATHERINE BLVD	MELBOURNE FL 32404
T	MANGOLD, DOROTHY	413 WILLOW TRACE DR	MELBOURNE FL 32980
D	FARENA, BERNADETTE	700 E STRAWBRIDGE AV #401E	MELBOURNE FL 32901
D	ROSS, MARGARET	2290 WOODLAWN CIR LCE	MELBOURNE FL 32934

8. Name and Address of Current Registered Agent

SELMER, SHIRLEY
700 E STRAWBRIDGE AVE
APT 1405
MELBOURNE FL 32901

9. Name and Address of New Registered Agent

Name

EARL W. HARPER

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

1167 BRIDGEMORE ST

Suite, Apt. #, Etc.

P.O. BOX 760066 Melbourne FL 32906

City

Melbourne

State

FL

Zip Code

32905

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 02 FEB 2001

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

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-04/25/01--01066--009
****297.50 ****297.50

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02 FEB 2001

Date

321-953-6001

Daytime Phone #

202

AARP MELBOURNE CHAPTER 219
Officers for Year 2001

President: Earl W. Harper
P. P.O. Box 360066
Melbourne, FL 32936-0066
Phone: 321 953-6001

Vice President: Kenneth Haney
D.- 2762 Hereford Road
Melbourne, FL 32935
Phone: 321 259-6023

1st Vice President: Geraldine Whyte
D.- 2083 Majestic Pine Ct., N.E.
Palm Bay, FL 32905
Phone: 321 956-6679

Secretary: Majorie Haney
D.- 2762 Hereford Road
Melbourne, FL 32935
Phone: 321 259-6023

Treasurer: Patricia Strid
D.- 520 Palm Springs Blvd. 10350,
Indian Harbor Beach, FL 32937
Phone: 321 777-3766

Legislative
Committee person: Vacant

Health Committee
person: Vacant