

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90083 030 ****61.25

DOCUMENT # 717508

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7058268

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARPER, EARL W
 1167 HARBOR GROVE ST.
 MELBOURNE FL 32905

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Earl W. Harper

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-1-02

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete
 NAME HARPER, EARL W
 STREET ADDRESS P.O. BOX 360066
 CITY-ST-ZIP MELBOURNE FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VD ☒ Delete
 NAME HANEY, KENNETH
 STREET ADDRESS 2762 HEREFORD ROAD
 CITY-ST-ZIP MELBOURNE FL

TITLE VD ☒ Change ☐ Addition
 NAME Whyte, Robert
 STREET ADDRESS 2083 Majestic Pine Ct., NE.
 CITY-ST-ZIP Palm Bay, FL.

TITLE VD ☐ Delete
 NAME WHYTE, GERALDINE
 STREET ADDRESS 2083 MAJESTIC PINE CT., N.E.
 CITY-ST-ZIP PALM BAY FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SD ☒ Delete
 NAME HANEY, MAJORIE
 STREET ADDRESS 2762 HEREFORD ROAD
 CITY-ST-ZIP MELBOURNE FL

TITLE SD ☒ Change ☐ Addition
 NAME Wallace, Geraldine
 STREET ADDRESS 42 Katherine Blvd.
 CITY-ST-ZIP West Melbourne, FL.

TITLE TD ☒ Delete
 NAME STRID, PATRICIA
 STREET ADDRESS 520 PALM SPRINGS BLVD., #10350
 CITY-ST-ZIP INDIAN HARBOR BEACH FL

TITLE TD ☒ Change ☐ Addition
 NAME DeNicola, Joan F.
 STREET ADDRESS 664 Floyd Bennett Drive
 CITY-ST-ZIP Melbourne, FL.

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joan F. DeNicola
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-02

Date

(321) 676-4809
 Daytime Phone #

CR2E037 (9/01)