

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 09, 2003 8:00 am**  
**Secretary of State**

06-09-2003 90117 021 \*\*\*\*61.25

**DOCUMENT # 717508**

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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

**HARPER, EARL W**  
**1167 BRIAR GROVE ST.**  
**MELBOURNE FL 32905**

7. Name and Address of New Registered Agent

Name **Mrs. Anita Persans**  
Street Address (P.O. Box Number is Not Acceptable)  
**1965 Sundew Court**  
City **N.E. Palm Bay** FL Zip Code **32905**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Joan F. DeNicola, Treasurer May 30, 2003  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida 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 **P** ☒ Change ☐ Addition  
NAME **Persans, Anita**  
STREET ADDRESS **1965 Sundew Court**  
CITY-ST-ZIP **Palm Bay, FL 32905**

TITLE **VD** ☒ Delete  
NAME **WHYTE, ROBERT**  
STREET ADDRESS **2083 MAJESTIC PINE CT NE**  
CITY-ST-ZIP **PALM BAY FL**

TITLE **VD** ☒ Change ☐ Addition  
NAME **Bazley, John**  
STREET ADDRESS **2700 Highway A1A #112 Apt 105**  
CITY-ST-ZIP **Indian Shores FL 32903**

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 **WALLACE, GERALDINE**  
STREET ADDRESS **42 KATHERINE BLVD**  
CITY-ST-ZIP **MELBOURNE FL**

TITLE **SD** ☐ Change ☐ Addition  
NAME **Whohey, Joyce**  
STREET ADDRESS **452 Eagle Drive**  
CITY-ST-ZIP **Satellite Beach, FL 32937**

TITLE **TD** ☐ Delete  
NAME **DENICOLA, JOAN F**  
STREET ADDRESS **664 FLOYD BENNETT DR**  
CITY-ST-ZIP **MELBOURNE FL 32901**

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

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, Treasurer May 30, 2003 1-321-676-4809  
**SIGNATURE REQUIRED**

CR2E037 (10/02)