

FILE NOW: FILING FEE IS \$61.25

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Mar 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **720768** (1)

1. Corporation Name

**ST. AUGUSTINE CHAPTER #825 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.**

Principal Place of Business

Mailing Address

**11 OLD MISSION AVE  
ST AUGUSTINE FL 32084**

**11 OLD MISSION AVE  
ST AUGUSTINE FL 32084-3278**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 11 Old Mission Rd		26 11 Old Mission Rd		04/23/1971		05/01/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 City & State		28 City & State		59-2289043		Not Applicable	
24 Zip		29 Country		5. Certificate of Status Desired		8.75 Additional Fee Required	
25 St. Johns		30 St. Johns		<input checked="" type="checkbox"/> X		5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BRODY, STEVE 103 SAN RAFAEL ST. AUGUSTINE FL 32084				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			
				85 Zip Code			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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: Steve Brody (NOTE: Registered Agent signature required when reinstalling) DATE: 3/6/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	
NAME	BRIDY, STEVE	1.2 NAME	
STREET ADDRESS	103 RAFAEL	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	1.4 CITY-ST-ZIP	
TITLE	V/P	2.1 TITLE	
NAME	CURRIE, CAROL	2.2 NAME	
STREET ADDRESS	19 WILLOW DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	
NAME	HOLLAND, BEVERLY	3.2 NAME	
STREET ADDRESS	18 COQUINA BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE BEACH FL 32084	3.4 CITY-ST-ZIP	
TITLE	CD	4.1 TITLE	
NAME	HARRY DU BROW	4.2 NAME	
STREET ADDRESS	305 TRADEWINDS LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	4.4 CITY-ST-ZIP	
TITLE	D/C	5.1 TITLE	Legislative/ Health
NAME	COBB, ED	5.2 NAME	Gerald Riley
STREET ADDRESS	1712 LEON STREET	5.3 STREET ADDRESS	394 Casuarina Cr
CITY-ST-ZIP	ST. AUGUSTINE FL 32074	5.4 CITY-ST-ZIP	St. Augustine, Fla 32086
TITLE	SD	6.1 TITLE	
NAME	LEE, MERRIE	6.2 NAME	
STREET ADDRESS	69 M. L. KING AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	6.4 CITY-ST-ZIP	

14. I do 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: Beverly Holland DATE: 3/6/97

CR2E037 (9/96)