

FILE NOW: FILING FEE IS \$61.25

FILED
May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 RD
ST AUGUSTINE FL 32084
US**

3. Date Incorporated or Qualified
04/23/1971
4. FEI Number
59-2289043
Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
11 Old Mission Ave
Suite, Apt. #, etc.
City & State
St. Augustine, Fla
Zip
32084
Country
St. Johns

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
**BRODY, STEVE
103 SAN RAFAEL
ST. AUGUSTINE FL 32084**

10. Name and Address of New Registered Agent
81 Name
Merrie Lee
82 Street Address (P.O. Box Number is Not Acceptable)
69 ML King Ave
83
St. Augustine
84 City
FL 85 Zip Code
32084

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 Beverly Holland - Treasurer 5/1/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	P Merrie Lee	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRODY, STEVE			1.2 NAME	69 ML King Ave		
STREET ADDRESS	103 RAFAEL			1.3 STREET ADDRESS	St. Augustine, Fla 32084		
CITY-ST-ZIP	ST. AUGUSTINE FL 32084			1.4 CITY-ST-ZIP			
TITLE	V/P	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CURRIE, CAROL			2.2 NAME	Steve Brody		
STREET ADDRESS	19 WILLOW DR.			2.3 STREET ADDRESS	32084		
CITY-ST-ZIP	ST. AUGUSTINE FL			2.4 CITY-ST-ZIP	103 San Rafael St. Augustine		
TITLE	T	<input type="checkbox"/> DELETE		3.1 TITLE	T	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOLLAND, BEVERLY			3.2 NAME	same		
STREET ADDRESS	18 COQUINA BLVD.			3.3 STREET ADDRESS			
CITY-ST-ZIP	ST. AUGUSTINE BEACH FL 32084			3.4 CITY-ST-ZIP			
TITLE	CD	<input type="checkbox"/> DELETE		4.1 TITLE	same	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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	<input type="checkbox"/> DELETE		5.1 TITLE	same	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RILEY, GERALD			5.2 NAME			
STREET ADDRESS	394 CASUARINA CR			5.3 STREET ADDRESS			
CITY-ST-ZIP	ST. AUGUSTINE FL			5.4 CITY-ST-ZIP			
TITLE	SD	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	CD	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEE, MERRIE			6.2 NAME	Evelyn Smith		
STREET ADDRESS	69 M. L. KING AVENUE			6.3 STREET ADDRESS	821 W. First St		
CITY-ST-ZIP	ST. AUGUSTINE FL 32084			6.4 CITY-ST-ZIP	St. Augustine, Fla 32084		

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.

SIGNATURE: Beverly Holland - Treasurer 5/1/98 471-3364

CR2E037 (10/97)