

NGNPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 720768

1. Corporation Name

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

Principal Place of Business

11 OLD MISSION RD
ST AUGUSTINE FL 32084
US

Mailing Address

11 OLD MISSION RD
ST AUGUSTINE FL 32084
US



REINSTATEMENT 99-00

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

04/23/1971

4. FEI Number

59-2289043

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

BRODY, STEVE
69 ML KING AVENUE
ST. AUGUSTINE FL 32084

10. Name and Address of New Registered Agent

81

Name

Beverly M. Holland

82

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

18 Coquina BLVD.

83

84

City

St Augustine

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 M. Holland

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/17/00

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE

NAME LEE, MERRIE
STREET ADDRESS 69 ML KING AVENUE
CITY-ST-ZIP ST. AUGUSTINE FL 32084

TITLE VP ☒ DELETE

NAME BRODY, STEVE
STREET ADDRESS 103 SAN RAFAEL
CITY-ST-ZIP ST. AUGUSTINE FL

TITLE T ☐ DELETE

NAME HOLLAND, BEVERLY
STREET ADDRESS 18 COQUINA BLVD.
CITY-ST-ZIP ST. AUGUSTINE BEACH FL 32084

TITLE CD ☐ DELETE

NAME HARRY DU BROW
STREET ADDRESS 305 TRADEWINDS LANE
CITY-ST-ZIP ST. AUGUSTINE FL 32086

TITLE D ☐ DELETE

NAME RILEY, GERALD
STREET ADDRESS 394 CASUARINA CR
CITY-ST-ZIP ST. AUGUSTINE FL

TITLE CD ☐ DELETE

NAME SMITH, EVELYN
STREET ADDRESS 821 W FIRST STREET
CITY-ST-ZIP ST. AUGUSTINE FL 32084

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D LOIS ROLFE, PRES. ☒ Change ☐ Addition

1.2 NAME 20 First St Apt 7
1.3 STREET ADDRESS St Augustine Fla. 32084
1.4 CITY-ST-ZIP

2.1 TITLE D V.P. ☒ Change ☐ Addition

2.2 NAME Charles Schoneman
2.3 STREET ADDRESS 1680 Woodlawn Rd
2.4 CITY-ST-ZIP St. Augustine, Fla. 32084

3.1 TITLE D Treasurer ☒ Change ☐ Addition

3.2 NAME Same
3.3 STREET ADDRESS 000003241240--5
3.4 CITY-ST-ZIP -05/05/00--01084--008

4.1 TITLE D Public Relations ☒ Change ☐ Addition

4.2 NAME Same
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE D Same, Legistater ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Same ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED Beverly M. Holland 4/17/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

904-471-2364

Daytime Phone #