

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

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90360 047 \*\*\*\*61.25

**DOCUMENT # 720768**

1. Entity 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

**DONNA W CLARK  
2895 OLD MOULTRIE ROAD #2  
SAINT AUGUSTINE FL 32086  
US**

2. Principal Place of Business

**179 Marine St**

3. Mailing Address

Suite, Apt. #, etc.

**COA Bldg**

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2289043**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CLARK, DONNA W  
2895 OLD MOULTRIE RD #2  
SAINT AUGUSTINE FL 32086**

7. Name and Address of New Registered Agent

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

SIGNATURE

*Donna W. Clark*

**04/29/03**

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

TITLE **DP** ☐ Delete  
NAME **CLARK, DONNA W**  
STREET ADDRESS **2895 OLD MOULTRIE RD #2**  
CITY-ST-ZIP **SAINT AUGUSTINE FL 32086-5902**

TITLE **DVP** ☒ Delete  
NAME **SCHONEMAN, CHARLES**  
STREET ADDRESS **1680 WOODLAWN RD.**  
CITY-ST-ZIP **ST. AUGUSTINE FL 32084**

TITLE **DS** ☒ Delete  
NAME **JENNINGS, BESSIE**  
STREET ADDRESS **107 WASHINGTON ST**  
CITY-ST-ZIP **SAINT AUGUSTINE FL 32084**

TITLE **DT** ☐ Delete  
NAME **PERRELLA, ALFRED**  
STREET ADDRESS **220COMARES AVE, APT 5A**  
CITY-ST-ZIP **SAINT AUGUSTINE FL 32084**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **2895 OLD MOULTRIE RD #2**  
CITY-ST-ZIP **ST AUGUSTINE FL 32086**

TITLE ☐ Change ☒ Addition  
NAME **DVP**  
STREET ADDRESS **CAROL CURRIE**  
CITY-ST-ZIP **19 WILLOW DR ST AUGUSTINE FL 32080**

TITLE ☐ Change ☒ Addition  
NAME **DS**  
STREET ADDRESS **LEE, Merrie L.**  
CITY-ST-ZIP **30 DESOTO PL ST AUGUSTINE FL 32084**

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

TITLE ☐ Change ☒ Addition  
NAME **DPR**  
STREET ADDRESS **ANTONIA BURGOS**  
CITY-ST-ZIP **84 DOLPHIN DR ST AUGUSTINE FL 32080**

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:

**SIGNATURE REQUIRED**

*Donna W. Clark*

**04/29/03**

**904 794-2341**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

File

Outside Phone #

CR2E037 (10/02)