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NONPROFIT CORPORATION ANNUAL REPORT **1999**

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

DOCUMENT # 722054

1. Corporation Name

WILLISTON AREA CHAPTER #912 OF AMERICAN ASSOCIAT ION OF RETIRED PERSON, INC.

Principal Place of Business	Mailing Address
C/O REBA GREENE CR 547-632. RT. 1. BOX 632 MORRISTON FL 32668	C/O REBA GREENE CR 547, 4750 S.E. 160 AVE. MORRISTON FL 32668 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 11/10/1971
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 23-7140456 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

GREENE, REBA
CR 547-632
4750 S.E. 160 AVE.
MORRISTON FL 32668

10. Name and Address of New Registered Agent

81 Name: Louise Robinson
82 Street Address (P.O. Box Number is Not Acceptable): 7550 N.E. 120th AVE.
83
84 City: Bronson , FL 85 Zip Code: 32621

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: Louise Robinson, Sec. Louise Robinson 3/12/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	GREENE, BEN	1.2 NAME	VERA WILSON
STREET ADDRESS	4750 S.E. 160 AVE.	1.3 STREET ADDRESS	P.O.BOX 1213 N/A
CITY-ST-ZIP	MORRISTON FL	1.4 CITY-ST-ZIP	BRONSON,FL. 32621
TITLE	VPD ☒ DELETE	2.1 TITLE	VPD ☒ Change ☐ Addition
NAME	ADAMAUAGE, JOE	2.2 NAME	EDGAR DAGGETT
STREET ADDRESS	17550 S.E. 66TH PLACE	2.3 STREET ADDRESS	P.O.BOX 29
CITY-ST-ZIP	MORRISTON FL	2. 4 CITY-ST-ZIP	Williston,Fl. 32696
TITLE	SD ☒ DELETE	3.1 TITLE	SD ☒ Change ☐ Addition
NAME	GREENE, REBA	3.2 NAME	Louise Robinson
STREET ADDRESS	CR 547-632 RT 1 BOX 632	3.3 STREET ADDRESS	7550 N.E. 120th Ave.
CITY-ST-ZIP	MORRISTON FL 32668	3.4. CITY-ST-ZIP	Bronson, Fl. 32621
TITLE	TD ☒ DELETE	4.1 TITLE	TD ☒ Change ☐ Addition
NAME	GRAHAM, MARGARET	4. 2 NAME	Grahn, Margaret Name Spelling
STREET ADDRESS	730 NW 7TH STREET	4.3 STREET ADDRESS	730 N.W.7th St.
CITY-ST-ZIP	WILLISTON FL 32696	4.4 CITY-ST-ZIP	Williston, Fl. 32696
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E037 (11/98)

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: Margaret Grahn Treas. SIGNATURE REQUIRED Margaret Grahn 3-12-99 352-528-2872
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #