

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90067 006 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 723213

1. Corporation Name

**SEMINOLE CHAPTER #936 OF AMERICAN ASSOCIATION OF
RETIRED PERSON INC**

Principal Place of Business

MARY GRUBER
9209 SEMINOLE BLVD #144
SEMINOLE FL 33772
US

Mailing Address

MARY GRUBER
9209 SEMINOLE BLVD #144
SEMINOLE FL 33772
US

270173 - 90067 - 6



2. Principal Place of Business

21 **KINNEY MARGIEANN**

Suite, Apt. #, etc.

22 **131 BLUFFVIEW DR. #105**

City & State

23 **BELLEAIR BLUFFS FL**

Zip Country

24 **33770** 25 **USA**

2a. Mailing Address

26 **131 BLUFFVIEW DR. #105**

Suite, Apt. #, etc.

27 **BELLEAIR BLUFFS, FL**

City & State

28 **33770 - USA**

Zip Country

29 **33770** 30 **USA**

3. Date Incorporated or Qualified

04/19/1972

4. FEI Number

23-7178005

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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

KINNEY, MARGIEANN
131 BLUFFVIEW DR. #105
BELLEAIR BLUFFS FL 33770
33770

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE

NAME **GRUBER, MARY**
STREET ADDRESS **9209 SEMINOLE BLVD. #144**
CITY-ST-ZIP **SEMINOLE FL 33772**

TITLE **VPD** ☒ DELETE

NAME **KENNEY, MARGIEANN**
STREET ADDRESS **131 BLUFFVIEW DRIVE #105**
CITY-ST-ZIP **BELLEAIR BLUFFS FL 33770**

TITLE **SD** ☐ DELETE

NAME **GREEWELL, CLARA**
STREET ADDRESS **2131 RIDGE ROAD #53**
CITY-ST-ZIP **LARGO FL 33778**

TITLE **TD** ☐ DELETE

NAME **SASSON, MARY**
STREET ADDRESS **2525 W. BAY DRIVE C-34**
CITY-ST-ZIP **BELLEAIR BLUFFS FL 33770**

TITLE **D** ☐ DELETE

NAME **LEE, EDNA**
STREET ADDRESS **11427 116TH LANE NORTH**
CITY-ST-ZIP **SEMINOLE FL 33772**

TITLE **D** ☐ DELETE

NAME **BURKE, ELSIE**
STREET ADDRESS **2131 RIDGE ROAD #108**
CITY-ST-ZIP **LARGO FL 33778**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition

1.2 NAME **MARGIEANN KINNEY**
1.3 STREET ADDRESS **131 BLUFFVIEW DR. #105**
1.4 CITY-ST-ZIP **BELLEAIR BLUFFS, FL 33770**

2.1 TITLE **VPD** ☒ Change ☐ Addition

2.2 NAME **ADKINS, SUSAN**
2.3 STREET ADDRESS **2131 RIDGE RD, #62**
2.4 CITY-ST-ZIP **LARGO, FL 33778**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F037 (11/98)