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Aug 30, 1999 8:00 am  
Secretary of State

08-30-1999 90011 015 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 723641

1. Corporation Name

SPRING HILL CHAPTER #1026 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business

4007 SUGARFOOT DR.  
SPRING HILL FL 34606  
US

Mailing Address

4007 SUGARFOOT DR.  
SPRING HILL FL 34606  
US

610763-90011-65 3 \*



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	06/12/1972
22 City & State	27 City & State	4. FEI Number
23 Zip Country	28 Zip Country	23-7175272
24	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent

ABDO, MARYELLEN P  
7432 ALLEN DRIVE  
BROOKSVILLE FL 34613

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 MARYELLEN P. ABDO

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8-26-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	
NAME	KING, JANE	1.2 NAME	
STREET ADDRESS	4007 SUGARFOOT DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL 34606	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	
NAME	MATTINGLY, STEVE	2.2 NAME	
STREET ADDRESS	7333 GATES CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL 34606	2.4 CITY-ST-ZIP	
TITLE	DS	3.1 TITLE	
NAME	KONSKI, JEAN	3.2 NAME	
STREET ADDRESS	224 EASTPOINT CT.	3.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL 34606	3.4 CITY-ST-ZIP	
TITLE	DT	4.1 TITLE	
NAME	ABDO, MARYELLEN	4.2 NAME	
STREET ADDRESS	7432 ALLEN DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL 34613	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	MATTHEWS, TERRY	5.2 NAME	
STREET ADDRESS	9215 LIBERATOR CT.	5.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL 34608	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	FENNER, LAURA	6.2 NAME	
STREET ADDRESS	10027 HAYWARD RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL 34608	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: MARYELLEN P. ABDO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/26/99

Date

(352) 596-2046

Daytime Phone #

CR2E037 (11/98)