

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90117 043 ****61.25

DOCUMENT # 723658

1. Entity Name

**TITUSVILLE CHAPTER #1031 OF AMERICAN ASSOCIATION
 OF RETIRED PERSONS INC.**

Principal Place of Business

Mailing Address

**ASSOCIATION OF RETIRED PERSONS INC
 3550 S. WASHINGTON AVE. SUITE 13A
 TITUSVILLE FL 32780**

**ASSOCIATION OF RETIRED PERSONS INC
 3550 S. WASHINGTON AVE. SUITE 13A
 TITUSVILLE FL 32780**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7175273

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

**MOSES, IVA JOY
 2768 DEMARET
 TITUSVILLE FL 32780**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4.18.02

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOSES, IVA JOY 2768 DEMARET TITUSVILLE FL 32780	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GRAINGER, WILSON 1165 BONNYMEDE DR TITUSVILLE FL 32796	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WENTZ, CHARLES 3690 SAWGRASS DRIVE TITUSVILLE FL 32780	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD EUBANKS, MARJORIE 2768 DEMART DR TITUSVILLE FL 32780	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOVEJOY, DAVID 5464 WENDY LEE DR TITUSVILLE FL 32780	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHARPE, HELEN 887 TENNESSEE ST TITUSVILLE FL 32780	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TREASURER TUTOLO, EDWINA 1502 ELM TERR TITUSVILLE FL 32780	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SECRETARY PERRY, JANE 2285 FRUITWOOD CT TITUSVILLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ADDITIONAL DIRECTOR CONRAD, CARRY 4601 ZOLTAN DR TITUSVILLE, FL 32780	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DIRECTOR TUTOLO, MICKEY 1502 ELM TERR TITUSVILLE FL 32780	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DIRECTOR CONRAD, CASS 4601 ZOLTAN DR TITUSVILLE, FL 32780	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DIRECTOR JONES, BETTY 3706 SAWGRASS DR TITUSVILLE, FL 32780	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:

Ivay H. Moses
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4.18.02

CR2E037 (9/01)