


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **723762** (1)

1. Corporation Name

**SOUTH MARION, BELLEVUE CHAPTER #297 OF AMERICAN
ASSOCIATION OF RETIRED PERSONS, INC**

Principal Place of Business

Mailing Address

**5425 SE 107 PL
BELLEVUE FL 34420**

**5425 SE 107 PL
BELLEVUE FL 34420**

3. Date Incorporated or Qualified

06/27/1972

4. FEI Number

23-7205388

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SMITH, MILDRED L.
5425 SE 117 PL
BELLEVUE FL 34420**

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	P	<input type="checkbox"/> DELETE
NAME	LARSEN, GRACE	
STREET ADDRESS	5139 SE 107 ST	
CITY-ST-ZIP	BELLEVUE FL	

TITLE	S	<input type="checkbox"/> DELETE
NAME	CYNTHIA DILLON	
STREET ADDRESS	9551 SE 155TH ST	
CITY-ST-ZIP	SUMMERFIELD FL	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	SMITH, MILDRED	
STREET ADDRESS	5425 SE 107 PL	
CITY-ST-ZIP	BELLEVUE FL 34420	

TITLE	D	<input type="checkbox"/> DELETE
NAME	FITCH, ROBERT	
STREET ADDRESS	5227 SE 115TH ST	
CITY-ST-ZIP	BELLEVUE FL	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	FITCH, LUCILLE	
STREET ADDRESS	5227 SE 115 ST	
CITY-ST-ZIP	BELLEVUE FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	GEORGIADIS, GEORGE	
STREET ADDRESS	5146 SE 107 ST.	
CITY-ST-ZIP	BELLEVUE FL 34420	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: *MILDRED SMITH* 1-15-98 352-245-6142

92E037 (10/97)