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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 723762

1. Corporation Name

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

Principal Place of Business

5425 SE 107 PL
BELLEVUE FL 34420

Mailing Address

5425 SE 107 PL
BELLEVUE FL 34420



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

06/27/1972

4. FEI Number

23-7205388

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

SMITH, MILDRED L.

5425 SE 107 PL 107 PL
BELLEVUE FL 34420

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 P
NAME LARSEN, GRACE
STREET ADDRESS 5139 SE 107 ST
CITY-ST-ZIP BELLEVUE FL

☐ DELETE

TITLE S
NAME CYNTHIA DILLON
STREET ADDRESS 9551 SE 155TH ST
CITY-ST-ZIP SUMMERFIELD FL

☐ DELETE

TITLE TD
NAME SMITH, MILDRED
STREET ADDRESS 5425 SE 107 PL
CITY-ST-ZIP BELLEVUE FL 34420

☐ DELETE

TITLE D
NAME FITCH, ROBERT
STREET ADDRESS 5227 SE 115TH ST
CITY-ST-ZIP BELLEVUE FL

☐ DELETE

TITLE VD
NAME FITCH, LUCILLE
STREET ADDRESS 5227 SE 115 ST
CITY-ST-ZIP BELLEVUE FL

☐ DELETE

TITLE D
NAME GEORGIADIS, GEORGE
STREET ADDRESS 5146 SE 107 ST.
CITY-ST-ZIP BELLEVUE FL 34420

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

Mildred L. Fitch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 15 - 1999
Date

352-245-6147
Daytime Phone #

CR2E037 (11/98)