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May 27 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 # 723977 (5)

1. Corporation Name
JACKSONVILLE - ARLINGTON CHAPTER #1089 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business	Mailing Address
39 DONGALLA CT JACKSONVILLE, FL 32211	SAME

3. Date Incorporated or Qualified: 7/27/72

4. FEI Number: 23-7191215 ☐ 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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 39 DONGALLA CT.	26 SAME
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: JACKSONVILLE FL	28 City & State
24 Zip: 32211 25 Country: U.S.A.	29 Zip 30 Country

9. Name and Address of Current Registered Agent

JAHN, SUE
39 DONGALLA CT.
JACKSONVILLE, FL 32211

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 _____ DATE
Signature required for printed name of registered agent listed in Block 9 above (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MAGNE, ANDREW		1.2 NAME		
STREET ADDRESS	5760 FLORAL AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	TURNER, RUTH		2.2 NAME		
STREET ADDRESS	2524 MITCHELL RD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32207		2.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, HAROLD		3.2 NAME		
STREET ADDRESS	1330 BELLEMEADE BLVD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32211		3.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HOEL, WENDELL		4.2 NAME		
STREET ADDRESS	1015 IBIS RD.		4.3 STREET ADDRESS	900002540069	
CITY-ST-ZIP	JACKSONVILLE, FL 32216		4.4 CITY-ST-ZIP	-05/29/98--01004--026	
TITLE	T	☐ DELETE	5.1 TITLE	***61.25	☐ Change ☐ Addition
NAME	JAHN, SUE		5.2 NAME		
STREET ADDRESS	39 DONGALLA CT.		5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32211		5.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	6.1 TITLE	S	☒ Change ☐ Addition
NAME	DWYER, ROSEMARY		6.2 NAME	HEALY, TIM	
STREET ADDRESS	339 BRUNSWICK		6.3 STREET ADDRESS	1062 W. LAWFIN ST.	
CITY-ST-ZIP	JACKSONVILLE, FL 32211		6.4 CITY-ST-ZIP	JACKSONVILLE, FL 32211	

CR2E037 (10/97)

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: Sue A. Jahn SUE A. JAHN 4/14/98 (904) 724-6552
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #