FILE NOW: FILING FEE IS $61.25

FILED
Mar 04, 1999 8:00 am
Secretary of State
03-04-1999 90071 019 ****61.25

0005333

NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 723977

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 US	39 DONGALLA CT JACKSONVILLE FL 32211 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21 23 Forestal Cir. E. N.	26 23 Forestal Cir. E. N.	07/27/1972
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 23-7191215 ☐ Applied For ☐ Not Applicable
City & State 23 Atlantic Bch.	City & State 28 Atlantic Bch.	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 32233-3323 25 Duval	Zip / Country 29 32233-3323 30 Duval	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

JAHN, SUE A
39 DONGALLA CT
JACKSONVILLE FL 32211

10. Name and Address of New Registered Agent

81 Name: Moulton, Mary
82 Street Address (P.O. Box Number is Not Acceptable): 23 Forestal Dr. N.
83
84 City: Atlantic Bch. **FL** 85 Zip Code: 32233-3323

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: Mary Moulton — 2-12-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	D ☐ Change ☒ Addition
NAME	TURNER, RUTH		2.2 NAME	Hoel, Pauline
STREET ADDRESS	2524 MITCHELL ROAD		2.3 STREET ADDRESS	1015 Ibis Road
CITY-ST-ZIP	JACKSONVILLE FL 32207-3432		2.4 CITY-ST-ZIP	Jacksonville, Fl. 32216-2619
TITLE	VP	☒ DELETE	3.1 TITLE	P ☐ Change ☒ Addition
NAME	SMITH, HAROLD		3.2 NAME	Smith, Harold
STREET ADDRESS	1330 BELLEMEADE BLVD		3.3 STREET ADDRESS	1330 Bellemeade Blvd.
CITY-ST-ZIP	JACKSONVILLE FL 32211		3.4 CITY-ST-ZIP	Jacksonville, Fl. 32211-6013
TITLE	P	☒ DELETE	4.1 TITLE	D ☐ Change ☒ Addition
NAME	HOEL, WENDELL		4.2 NAME	Hoel, Wendell
STREET ADDRESS	1015 IBIS RD		4.3 STREET ADDRESS	1015 Ibis Road
CITY-ST-ZIP	JACKSONVILLE FL 32216		4.4 CITY-ST-ZIP	Jacksonville, Fl. 32216-2619
TITLE	T	☒ DELETE	5.1 TITLE	T ☐ Change ☒ Addition
NAME	JAHN, SUE A		5.2 NAME	Moulton, Mary
STREET ADDRESS	39 DONGALLA CT		5.3 STREET ADDRESS	23 Forestal Dr. N.
CITY-ST-ZIP	JACKSONVILLE FL 32211		5.4 CITY-ST-ZIP	Atlantic Bch., Fl. 32233-3323
TITLE	S	☐ DELETE	6.1 TITLE	VP ☐ Change ☒ Addition
NAME	HEALY, TIM		6.2 NAME	Dwyer, Rosemary
STREET ADDRESS	1062 W LAWFIN ST		6.3 STREET ADDRESS	339 Brunswick Rd.
CITY-ST-ZIP	JACKSONVILLE FL 32211-3226		6.4 CITY-ST-ZIP	Jacksonville, Fl. 32216-8917

CR2E037 (11/98)

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: SIGNATURE REQUIRED — 2-12-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #