

AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthum
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 OCT 23 AM 11:42

SECRETARY OF STATE



DOCUMENT # 724813

(1)

1. Corporation Name

MELROSE CHAPTER #1118 OF AMERICAN ASSOCIATION OF
RETIRED PERSONS, INC

Principal Place of Business

%JOHN SUFFKA
P.O. BOX 385
MELROSE FL 32666

Mailing Address

%JOHN SUFFKA
P.O. BOX 385
MELROSE FL 32666

3. Date Incorporated or Qualified
11/16/1972

4. FEI Number
23-7241861

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

21 P.O. Box 1203

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

Melrose

28 City & State

24 Zip

FL

Country

32666

29 Zip

Country

9. Name and Address of Current Registered Agent

RATZ, JR., KENNETH
125 SERENA CIRCLE
MELROSE FL 32666

900002674929--2
-10/28/98--01095--018

10. Name and Address of New Registered Agent

81 Name

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

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 RATZ, JR., KENNETH
STREET ADDRESS 125 SERENA CIRCLE
CITY-ST-ZIP MELROSE FL 32666 ☒ DELETE

TITLE VPD
NAME SCRIVEN, THOMAS
STREET ADDRESS RT 1 BOX 245 A
CITY-ST-ZIP HAWTHORN FL 32640 ☒ DELETE

TITLE D
NAME SCHENK, ELA MAE
STREET ADDRESS 11813 NE 205TH TERRACE
CITY-ST-ZIP EARLETON FL 32631 ☒ DELETE

TITLE S
NAME SUFFKA, DELORIS
STREET ADDRESS 100 ASHLEY LAKE DRIVE
CITY-ST-ZIP MELROSE FL ☒ DELETE

TITLE T
NAME SUFFKA, JOHN
STREET ADDRESS 100 ASHLEY LAKE DRIVE
CITY-ST-ZIP MELROSE FL ☒ DELETE

TITLE D
NAME ODEN, MILICENT
STREET ADDRESS 5056 TINON RD
CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656 ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE June Steedley ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS P.O. Box 1203 24729 SR 26
1.4 CITY-ST-ZIP Melrose, FL 32666

2.1 TITLE VPD
2.2 NAME Tom Price ☒ Change ☐ Addition
2.3 STREET ADDRESS P.O. Box 1085 c/o Carl Brown
2.4 CITY-ST-ZIP Melrose, FL 32666 24729 SR 26

3.1 TITLE Rose Gordon ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 374 Melrose Landing
3.4 CITY-ST-ZIP Hawthorne, FL 32540

4.1 TITLE Suzanne Cremons ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS 601 N E. South Carolina St.
4.4 CITY-ST-ZIP Hawthorne FL 32640

5.1 TITLE Tina Parker ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS 6268 Baker Rd.
5.4 CITY-ST-ZIP Key Stone Hgts FL 32656

6.1 TITLE T Lester Murray ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS P.O. Box 67
6.4 CITY-ST-ZIP 1314 8th Ave
Lecchi 10050, FL 32666

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:

Signed: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/98

352-475-3095

Date

Daytime Phone #

0001859

CR2E037 (5/98)