

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90034 017 ****61.25

DOCUMENT # 725721

1. Corporation Name

BAREFOOT BAY CHAPTER# 1263 OF AMERICAN ASSOCIATION OF RETIRED PERSONS INC

Principal Place of Business

500 N. SEAGULL CIRCLE
BAREFOOT BAY FL 32976
US

Mailing Address

500 N. SEAGULL CIRCLE
BAREFOOT BAY FL 32976
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

03/06/1973

4. FEI Number

23-7247816

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

BANKS, MARGIE J.
500 N. SEAGULL CIRCLE
BAREFOOT BAY FL 32976

10. Name and Address of New Registered Agent

81 Name

Margie J. Banks

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

Margie J. Banks

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/12/99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **TD LONG, RUTH F**
STREET ADDRESS **1256 N. BAREFOOT CIRCLE**
CITY-ST-ZIP **BAREFOOT BAY FL**

TITLE ☐ DELETE

NAME **PD GREELEY, BEVERLY**
STREET ADDRESS **719 E LARK DRIVE**
CITY-ST-ZIP **BAREFOOT BAY FL**

TITLE ☐ DELETE

NAME **VD ARNOLD, JUNE**
STREET ADDRESS **323 AVOCADO DRIVE**
CITY-ST-ZIP **BAREFOOT BAY FL 32976**

TITLE ☐ DELETE

NAME **PD SPAIN, WINNIFRED**
STREET ADDRESS **708 FIR**
CITY-ST-ZIP **BAREFOOT BAY FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

32976

2.1 TITLE ☒ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

32976

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

32976

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:

Ruth F. Long
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/99

Date

561-664-4193

Daytime Phone #

0076756

CR2E037 (11/98)