FILE NOW: FILING FEE IS $61.25

APPROVED AND FILED

99 MAR 31 PM 2:18

02-25-1999 90085 002 ***61.25

TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # 725887

1. Corporation Name

ENGLEWOOD, FLA. CHAPTER #1344 OF AMERICAN ASSOCI CATION OF RETIRED PERSONS, INC.

Principal Place of Business	Mailing Address
STAUB, NORMA 10438 SANDRIFT AVE. ENGLEWOOD FL 34224 US	STAUB, NORMA 10438 SANDRIFT AVE ENGLEWOOD FL 34224 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 ANN TOMLINSON	26 ANN TOMLINSON	03/22/1973
Suite, Apt. #, etc. 22 872 EAST 5TH STREET	Suite, Apt. #, etc. 27 872 EAST 5TH STREET	4. FEI Number 23-7261647 ☐ Applied For ☐ Not Applicable
City & State 23 ENGLEWOOD FL	City & State 28 ENGLEWOOD FL	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip / Country 24 34223 25 US	Zip / Country 29 34223 30 US	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LANG, JOAN L 20088 TAPPAN ZEE DR. PORT CHARLOTTE FL 33952	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: JOAN L LANG — Joan L Lang — 1/26/99
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	VPD	☒ DELETE	1.1 TITLE	PRESIDENT FORMER DIRECTOR	☒ Change ☐ Addition
NAME	STANLEY, DENNIS		1.2 NAME	MARION MONAGHAN	
STREET ADDRESS	11231 EULER AVE		1.3 STREET ADDRESS	700 Curtiss Blvd	
CITY-ST-ZIP	ENGLEWOOD FL		1.4 CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	P	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	STAUB, NORMA		2.2 NAME		
STREET ADDRESS	10438 SANDRIFT AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD FL		2.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	3.1 TITLE	VICE PRES VPD DIRECTOR	☐ Change ☐ Addition
NAME	HAVERLACK, IRENE		3.2 NAME	HAVERLACK IRENE	
STREET ADDRESS	1015 MONTANA AVE.		3.3 STREET ADDRESS	1015 MONTANA AVE	
CITY-ST-ZIP	ENGLEWOOD FL		3.4 CITY-ST-ZIP	Englewood FL	
TITLE	T.T TREASURER TRUSTEE	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	TOMLINSON, ANN		4.2 NAME		
STREET ADDRESS	872 EAST 5 ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD FL		4.4 CITY-ST-ZIP		
TITLE	S T SECRETARY TRUSTEE	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	EDES, DOROTHY		5.2 NAME		
STREET ADDRESS	1575 BARBARA PL		5.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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: ANN SIGNATURE REQUIRED — Ann M. Tomlinson — 1/26/99 — 941-474-4440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)