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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 726430

1. Corporation Name

VERO BEACH CHAPTER # 1406 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business
 P.O. BOX 6702
 VERO BEACH FL 32960-6702

Mailing Address
 P.O. BOX 6702
 VERO BEACH FL 32960-6702

6 800708 9 90008 31 8 *



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	P.O. Box 6702	26	P.O. Box 6702	05/17/1973	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				23-7273284	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23 VERO BEACH FL		28 VERO BEACH FL			
Zip Country		Zip Country			
24 32961-6702 25 U.S.		29 32961-6702 30 U.S.			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TAYLOR, HARRY C
 712 DATE PALM DRIVE
 VERO BEACH FL 32963

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

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	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, DAWN	1.2 NAME	
STREET ADDRESS	5565 69TH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL 32967	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAVERY, JO	2.2 NAME	
STREET ADDRESS	4245 N. A1A	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL 34949-8328	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEGIN, KARL	3.2 NAME	
STREET ADDRESS	3003 CARDINAL DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL 32963	3.4 CITY-ST-ZIP	
TITLE	BT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, HARRY	4.2 NAME	
STREET ADDRESS	712 DATE PALM RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL 32963	4.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOLNAR, DORIS	5.2 NAME	D JACK GROSS
STREET ADDRESS	61 WOODLAND DRIVE	5.3 STREET ADDRESS	1616 OCEAN TRAIL
CITY-ST-ZIP	VERO BEACH FL 32962	5.4 CITY-ST-ZIP	VERO BEACH FL 32967
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	D BILL CAMPBELL
STREET ADDRESS		6.3 STREET ADDRESS	152940 78 AVE N-2
CITY-ST-ZIP		6.4 CITY-ST-ZIP	VERO BEACH FL 32966

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #