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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 727547

1. Corporation Name

SATELLITE BEACH CHAPTER #1413 OF AMERICAN ASSOCI ATION OF RETIRED PERSONS, INC.

Principal Place of Business	Mailing Address
SATELLITE BEACH CIVIC CENTER 565 CASSIA BLVD SATELLITE BEACH FL 32937 US	1145 SHANNON AVE. #36 INDIALANTIC FL 32903 US

2. Principal Place of Business 21 St. Mark's U.M. Church Suite, Apt. #, etc. 22 2030 Hwy. A-I-A City & State 23 Indialantic, Fl. Zip 24 32903 Country 25 U.S.A.	2a. Mailing Address 26 Suite, Apt. #, etc. 27 1755 Hwy A-I-A #202 City & State 28 Indialantic, Fl. Zip 29 32903 Country 30 U.S.A.	3. Date Incorporated or Qualified 09/25/1973 4. FEI Number 23-7307662 ☐ 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

MOYER, ARTHUR N
2129 W NEW HAVEN AVE
#350
MELBOURNE FL 32904

10. Name and Address of New Registered Agent

81 Name: Edwards, Norma
82 Street Address (P.O. Box Number is Not Acceptable): 1001 Eau Gallie Blvd.
83: # 104
84 City: Melbourne FL 85 Zip Code: 32935

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: Norma E. Edwards NORMA E. EDWARDS 4/9/99
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	P/D	☒ DELETE	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	BUTZ, RUTH		1.2 NAME	Trieste, John	
STREET ADDRESS	1145 SHANNON AVE., #36		1.3 STREET ADDRESS	1755 Hwy A-I-A #202	
CITY-ST-ZIP	INDIALANTIC FL 32903		1.4 CITY-ST-ZIP	Indialantic, Fl. 32903	
TITLE	VP/D	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HALE, HELEN		2.2 NAME		
STREET ADDRESS	500 PALM SPRINGS BLVD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	INDIAN HARBOR BEACH FL 32937		2.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	3.1 TITLE	T/D	☒ Change ☐ Addition
NAME	MOYER, ARTHUR		3.2 NAME	Edwards, Norma	
STREET ADDRESS	2129 WEST NEW HAVEN AVE, #350		3.3 STREET ADDRESS	1001 Eau Gallie Blvd. #104	
CITY-ST-ZIP	MELBOURNE FL 32904		3.4 CITY-ST-ZIP	Melbourne, Fl. 32935	
TITLE	VPD	☒ DELETE	4.1 TITLE	S/D	☒ Change ☐ Addition
NAME	KNEAS, LOIS		4.2 NAME	Ruth Butz	
STREET ADDRESS	184 OCEAN BLVD		4.3 STREET ADDRESS	1145 Shannon Ave. #36	
CITY-ST-ZIP	SATELLITE BEACH FL 32937		4.4 CITY-ST-ZIP	Indialantic, Fl. 32903	
TITLE	D	☐ DELETE	5.1 TITLE	D	☐ Change ☐ Addition
NAME	BUTLER, JOHN		5.2 NAME	Butler, John	
STREET ADDRESS	438 ST LUCIA CT		5.3 STREET ADDRESS	438 St. Lucia Ct.	
CITY-ST-ZIP	SATELLITE BEACH FL 32937		5.4 CITY-ST-ZIP	Satellite Beach, Fl. 32937	
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		

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: Norma E. Edwards SIGNATURE REQUIRED 4/9/99 (407) 259-8989
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

NORMA E. EDWARDS