


FILE NOW: FILING FEE IS \$61.25

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Feb 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **728945** (7)  
1. Corporation Name  
**SOUTH PUTNAM COUNTY CHAPTER #1664 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.**



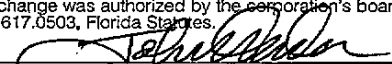
Principal Place of Business <b>BOX 63 RT 1 Box 150 POMONA PARK FL 32181 US</b>	Mailing Address <b>BOX 22 RT 1 Box 150 UCLID AVE. Pomona Park FL LAKE COMO FL 32157 US</b>
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2. Principal Place of Business 21 <b>RT 1 Box 150</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>RT 1 Box 150</b> Suite, Apt. #, etc.
22 City & State 23 <b>Pomona Park FL</b>	27 City & State 28 <b>Pomona Park FL</b>
24 Zip <b>32181</b>	25 Country <b>Putnam</b>
29 Zip <b>32157</b>	30 Country <b>Putnam</b>

3. Date Incorporated or Qualified <b>02/27/1974</b>	Applied For Not Applicable
4. FEI Number <b>59-2943759</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>BRACH, GEORGE UCLID AVE. LAKE COMO FL 32157</b>	
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10. Name and Address of New Registered Agent 81 Name <b>John Andes</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>RT 1 Box 150 - 252 Lake St</b> 83 84 City <b>Pomona Park</b> FL 85 Zip Code <b>32181</b>	
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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 **JOHN ANDES**  DATE **2/1/98**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>P GARLAND, DAVID</b>
STREET ADDRESS	<b>R.R. 2, BOX 71 N/A</b>
CITY-ST-ZIP	<b>CRESCENT CITY FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>VP CAMELLI, MARGE</b>
STREET ADDRESS	<b>STAR ROUTE 695 A N/A</b>
CITY-ST-ZIP	<b>GEORGETOWN FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D HUNDLEY, NIMAN</b>
STREET ADDRESS	<b>RT. 1, BOX 880 N/A</b>
CITY-ST-ZIP	<b>POMONA PARK FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D SKAGGS, WILLIAM</b>
STREET ADDRESS	<b>RT. 2, BOX 20B N/A</b>
CITY-ST-ZIP	<b>CRESCENT CITY FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>SD YETTEWICH, GLADYS</b>
STREET ADDRESS	<b>R.R. 2, BOX 1215 N/A</b>
CITY-ST-ZIP	<b>CRESCENT CITY FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>T BRACH, GEORGE</b>
STREET ADDRESS	<b>BOX 222 N/A</b>
CITY-ST-ZIP	<b>LAKE COMO FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>P JOTTY ANDERSON</b>
1.3 STREET ADDRESS	<b>RT 1 Box 150</b>
1.4 CITY-ST-ZIP	<b>Pomona Park FL 32181</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>D Irene Hundley</b>
2.3 STREET ADDRESS	<b>RT. 1 BOX 880</b>
2.4 CITY-ST-ZIP	<b>353 LAKE COMO DR. POMONA PARK FL 32181</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>VP William Skaggs</b>
4.3 STREET ADDRESS	<b>RT 2 Box 20B</b>
4.4 CITY-ST-ZIP	<b>CRESCENT CITY FL 32112</b>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>S C. JEAN WILLIAMS</b>
5.3 STREET ADDRESS	<b>PO BOX 491 N/A</b>
5.4 CITY-ST-ZIP	<b>POMONA PARK FL 32181</b>
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>T. MURPHY D. SEVERSON</b>
6.3 STREET ADDRESS	<b>SR BOX 718</b>
6.4 CITY-ST-ZIP	<b>LAKE COMO FL 32139</b>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **REQUIRED** 2/2/98 644-4965

CR2E037 (10/97)