

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998 9



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 FEB -4 PM 5:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 729185
1. Corporation Name
Northeast ST. PETERSBURG CHAPTER #1693
OF AMERICAN ASSOCIATION OF RETIRED
PERSONS, INC. W99-290600

Principal Place of Business Mailing Address
PICADILLY CAFETERIA ROBERT WICKMAN
1900 34 ST. N. 775 43rd AVE. NE.
ST. PETERSBURG, FL 33713 ST. PETERSBURG, FL 33703

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country

3. Date Incorporated or Qualified 3-26-74
4. FEI Number 237354739
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

9. Name and Address of Current Registered Agent
Mr. Robert Wickman
775 43rd Ave. NE.
St. Petersburg, FL 33703

10. Name and Address of New Registered Agent
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 Robert Wickman 12-14-99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE PRESIDENT - D
NAME ROBERT WICKMAN
STREET ADDRESS 775-43rd AVE. NE.
CITY-ST-ZIP ST. PETERSBURG, FL 33703
TITLE VICE PRESIDENT - D
NAME ESTELLE LA BOMBARD
STREET ADDRESS 1848 20th AVE. N.
CITY-ST-ZIP ST. PETERSBURG, FL 33710
TITLE SECRETARY
NAME KATHLEEN SMITH - D
STREET ADDRESS 4748 DOVER ST., NE.
CITY-ST-ZIP ST. PETERSBURG, FL 33703
TITLE TREASURER - D
NAME BARBARA SHERSBY
STREET ADDRESS 5043 - 5th AVENUE NO.
CITY-ST-ZIP ST. PETERSBURG, FL 33710
TITLE LEGISLATIVE CHAIRMAN
NAME JOHN SMITH
STREET ADDRESS 4748 DOVER ST., NE.
CITY-ST-ZIP ST. PETERSBURG, FL 33703

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME 100003136601--5
1.3 STREET ADDRESS -02/16/00--01007--003
1.4 CITY-ST-ZIP *****175.00 *****175.00
2.1 TITLE
2.2 NAME 100003136601--5
2.3 STREET ADDRESS -02/16/00--01007--004
2.4 CITY-ST-ZIP *****61.25 *****61.25
3.1 TITLE Sec. Katherine Zeoli
3.2 NAME 5950-5th Ave. No.
3.3 STREET ADDRESS St. Petersburg, FL 33710
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME 100003136601--5
4.3 STREET ADDRESS -02/16/00--01007--007
4.4 CITY-ST-ZIP *****8.75 *****8.75
5.1 TITLE
5.2 NAME 100003136601--5
5.3 STREET ADDRESS -02/16/00--01007--005
5.4 CITY-ST-ZIP *****61.25 *****61.25
6.1 TITLE
6.2 NAME 100003136601--5
6.3 STREET ADDRESS -02/16/00--01007--006
6.4 CITY-ST-ZIP *****61.25 *****61.25

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.

SIGNATURE: Robert Wickman 12-14-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)