

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **729505** (8)

1. Corporation Name

MELBOURNE AIRPORT CHAPTER #1736 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business

Mailing Address

**1205 S. EDDIE ALLEN RD.
1111 HAVEN COURT
MELBOURNE FL 32901
US**

**C/O EASTER, LOUISE
1111 HAVEN COURT
MELBOURNE FL 32901
US**

3. Date Incorporated or Qualified

04/26/1974

4. FEI Number

23-7364014

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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**EASTER, E. LOUISE
1111 HAVEN COURT
MELBOURNE FL 32901**

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 **PD** ☐ DELETE
NAME **EASTER, LOUISE**
STREET ADDRESS **1111 HAVEN CT**
CITY-ST-ZIP **MELBOURNE FL**

1.1 TITLE **Pres. Larry Henninger** ☐ Change ☒ Addition
1.2 NAME **Pres. Larry Henninger**
1.3 STREET ADDRESS **707 Floyd Bennett Dr.**
1.4 CITY-ST-ZIP **Melbourne, FL 32901**

TITLE **P** ☐ DELETE
NAME **GAUVREAU, BETTY ANN**
STREET ADDRESS **1313 HARRY SUTTON RD**
CITY-ST-ZIP **MELBOURNE FL 32901**

2.1 TITLE **U. Pres. Louise Easter** ☐ Change ☒ Addition
2.2 NAME **1111 S. Haven Ct.**
2.3 STREET ADDRESS **Melbourne FL 32901**
2.4 CITY-ST-ZIP

TITLE **S** ☐ DELETE
NAME **EASTER, LOUISE**
STREET ADDRESS **1111 S. HAVEN CT.**
CITY-ST-ZIP **MELBOURNE FL**

3.1 TITLE **Sec. Betty Ann Gauvreau** ☐ Change ☒ Addition
3.2 NAME **1313 Harry Sutton Rd.**
3.3 STREET ADDRESS **Melbourne, FL 32901**
3.4 CITY-ST-ZIP

TITLE **I** ☐ DELETE
NAME **IMELDA SMELTZER**
STREET ADDRESS **634 PLUMGROVE RD.**
CITY-ST-ZIP **MELBOURNE FL**

4.1 TITLE **Treas. Imelda Smeltzer** ☐ Change ☒ Addition
4.2 NAME **634 Plumgrove Rd**
4.3 STREET ADDRESS **Melbourne, FL 32901**
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **THOMAS, MARJORIE**
STREET ADDRESS **615 FLOYD BENNET DR**
CITY-ST-ZIP **MELBOURNE FL**

5.1 TITLE **D Eunice Anderson** ☐ Change ☒ Addition
5.2 NAME **1216 Sleepy Hollow Rd.**
5.3 STREET ADDRESS **Melbourne, FL 32901**
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **STEIN, CATHERINE**
STREET ADDRESS **1160 SLEEPY HOLLOW**
CITY-ST-ZIP **MELBOURNE FL 32901**

6.1 TITLE **D. Catherine Stein** ☐ Change ☒ Addition
6.2 NAME **1160 Sleepy Hollow**
6.3 STREET ADDRESS **Melbourne, FL 32901**
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.

SIGNATURE:

Imelda Smeltzer

2/10/98

CR2E037 (10/97)