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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 729505

1. Corporation Name

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

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 1168 Burtonwood Rd
Suite, Apt. #, etc.

22 Melbourne, Florida

23 32901 Brevard
City & State

24 32901 Brevard
Zip Country

25 32901 Brevard
Zip Country

2a. Mailing Address

26 1168 Burtonwood Rd
Suite, Apt. #, etc.

27 Melbourne Florida

28 32901 Brevard
City & State

29 32901 Brevard
Zip Country

30 32901 Brevard
Zip Country

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 ☐ **\$5.00** May Be Added to Fees
Trust Fund Contribution

9. Name and Address of Current Registered Agent

EASTER, E. LOUISE
1111 HAVEN COURT
MELBOURNE FL 32901

10. Name and Address of New Registered Agent

81 Name Doris McGuffie
82 Street Address (P.O. Box Number is Not Acceptable)
1168 Burtonwood Rd
83 Melbourne, Florida
84 City FL 85 Zip Code 32901

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 Imelda Smeltzer Treasurer 4/8/98 1/8/98
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	P	<input type="checkbox"/> DELETE
NAME	LARRY HENNINGER	
STREET ADDRESS	707 FLOYD BENNETT DR	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	LOUISE EASTER	
STREET ADDRESS	1111 S HAVEN CT	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BETTY ANN GAUVREAU	
STREET ADDRESS	1312 HARRY SUTTON RD	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	T	<input type="checkbox"/> DELETE
NAME	IMELDA SMELTZER	
STREET ADDRESS	634 PLUMGROVE RD.	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	D	<input type="checkbox"/> DELETE
NAME	EUNICE ANDERSON	
STREET ADDRESS	1216 SLEEPY HOLLOW RD	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CATHERINE STEIN	
STREET ADDRESS	1160 SLEEPY HOLLOW	
CITY-ST-ZIP	MELBOURNE FL 32901	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: Imelda Smeltzer 4/8/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)