

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 10 1998 8:00am
Secretary of State

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **730433** (0)

1. Corporation Name

**GREATER CHIEFLAND CHAPTER #1840 OF AMERICAN ASSO
CIATION OF RETIRED PERSONS, INC.**

Principal Place of Business

Mailing Address

**DELMA LOCKE BLDG
CHIEFLND FL 32626
US**

**PO BOX 893
CHIEFLND FL 32644
US**

3. Date Incorporated or Qualified

08/14/1974

4. FEI Number

23-7380135

Applied For

Not Applicable

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEGRAND, RICHARD W
7791 N.E. 138TH LANE
BRONSON FL 32621**

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 ☐ DELETE

1.1 TITLE ☒ Change ☐ Addition

NAME **P RICHARD LEGRAND**
STREET ADDRESS **BOX 1435**
CITY-ST-ZIP **BRONSON FL**

1.2 NAME
1.3 STREET ADDRESS **7791 N.E. 138th LANE**
1.4 CITY-ST-ZIP **BRONSON, FL 32621**

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME **S RUTH BALCHUCK**
STREET ADDRESS **RT. 3 BOX 157**
CITY-ST-ZIP **OLD TOWN FL**

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☒ DELETE

3.1 TITLE ☒ Change ☒ Addition

NAME **T E. GENEVIEVE BCH**
STREET ADDRESS **8631 NW 125 ST.**
CITY-ST-ZIP **CHIEFLND FL**

3.2 NAME **T E. GENEVIEVE RUTTER**
3.3 STREET ADDRESS **8631 NW 125 ST**
3.4 CITY-ST-ZIP **CHIEFLAND, FL 32626**

TITLE ☐ DELETE

4.1 TITLE ☒ Change ☐ Addition

NAME **D FOUTE, DOROTHY**
STREET ADDRESS **RT 3 BOX 136**
CITY-ST-ZIP **TRENTON FL**

4.2 NAME **D DOROTHY FOUTZ**
4.3 STREET ADDRESS **13411 NE 18th TERR.**
4.4 CITY-ST-ZIP **TRENTON, FL 32693**

TITLE ☐ DELETE

5.1 TITLE ☒ Change ☐ Addition

NAME **D HELLWIG, JAMES**
STREET ADDRESS **RT 1 BOX 1031-H**
CITY-ST-ZIP **CHIEFLND FL**

5.2 NAME **D JAMES HELLWIG**
5.3 STREET ADDRESS **12951 NW 92nd ST.**
5.4 CITY-ST-ZIP **CHIEFLAND, FL 32626**

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME **D ELEANOR CARPENTER**
STREET ADDRESS **7350 NW 97 PLACE**
CITY-ST-ZIP **CHIEFLND FL**

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.

SIGNATURE:

E. Genevieve Rutter Sec. 4-5-98 352-493-4432

CR2E037 (10/97)