

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90099 040 ****61.25

DOCUMENT # 730433

1. Corporation Name

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

Principal Place of Business

DELMA LOCKE BLDG
CHIEFLND FL 32626
US

Mailing Address

PO BOX 893
CHIEFLND FL 32644
US



2. Principal Place of Business

21 ST JOHN Catholic Church

2a. Mailing Address

26

3. Date Incorporated or Qualified

08/14/1974

22 Suite, Apt. #, etc.

22 ALI 27

Suite, Apt. #, etc.

27

4. FEI Number

23-7380135

Applied For

Not Applicable

23 City & State

23 CHIEFLAND FL

City & State

28

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

24 Zip

24 32626

Country

25 USA

Zip

29

Country

30

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution

9. Name and Address of Current Registered Agent

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

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

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

P
NAME RICHARD LEGRAND
STREET ADDRESS 7791 NE 138TH LANE
CITY-ST-ZIP BRONSON FL 32621

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

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

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

T
NAME RUTTER, E. GENEVIEVE
STREET ADDRESS 8631 NW 125TH ST
CITY-ST-ZIP CHIEFLND FL 32626

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

D
NAME FOUTZ, DOROTHY
STREET ADDRESS 13411 NE 18TH TERRACE
CITY-ST-ZIP TRENTON FL 32693

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

D
NAME HELLWIG, JAMES
STREET ADDRESS 12951 NW 92ND ST.
CITY-ST-ZIP CHIEFLND FL 32626

5.1 TITLE ☐ Change ☐ Addition

TITLE ☒ DELETE

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

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

BERT JONES
924 NW 128 CT.
CHIEFLAND, FL 32626

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:

E. Hellwig
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-4-99

Daytime Phone #

352-493-4432

CR2E037 (11/98)