

FILE NOW: FILING FEE IS \$61.25

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Apr 10 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 # 730853 (9)
 1. Corporation Name
SILVER SPRINGS, FLORIDA CHAPTER #1862 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.



Principal Place of Business 191 NE 63RD CT OCALA FL 34470 US	Mailing Address 191 NE 63RD CT OCALA FL 34470 US
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3. Date Incorporated or Qualified 10/03/1974
4. FEI Number 23-7392605
Applied For <input type="checkbox"/>
Not Applicable <input type="checkbox"/>

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent DEITZ, ALICE 6535 N.E. 1ST PLACE OCALA FL 34470	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	PD DEITZ, ALICE
STREET ADDRESS	6535 N.E. 1ST PLACE
CITY-ST-ZIP	OCALA FL 34470
TITLE	<input type="checkbox"/> DELETE
NAME	VD SENIOR, GEORGIA
STREET ADDRESS	6417 N.E. STREET
CITY-ST-ZIP	OCALA FL 34470
TITLE	<input type="checkbox"/> DELETE
NAME	RD RITCHIE, RUBY
STREET ADDRESS	155 N.E. 64TH TERRACE
CITY-ST-ZIP	OCALA FL 34470
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D YAW, NEVA
STREET ADDRESS	561 N.E. 62ND TERRACE
CITY-ST-ZIP	OCALA FL
TITLE	<input type="checkbox"/> DELETE
NAME	T BROWN, LENA B
STREET ADDRESS	6532 NE 1ST PLACE
CITY-ST-ZIP	OCALA FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D HOOD, EVELYN
STREET ADDRESS	4376 NE 12TH STREET
CITY-ST-ZIP	OCALA FL 34470

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	S SHIELDS, DOROTHY
1.3 STREET ADDRESS	18 FIR TRAIL PASS
1.4 CITY-ST-ZIP	OCALA, FL 34472
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D DAVIS, WILLIAM
2.3 STREET ADDRESS	6564 N.E. 1st LANE
2.4 CITY-ST-ZIP	OCALA, FL 34470
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	D JOAN DES BIENS
3.3 STREET ADDRESS	6435 N.E. 1st LANE
3.4 CITY-ST-ZIP	OCALA, FL 34470
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D NANCY KUHN
4.3 STREET ADDRESS	6390 N.E. 2nd ST.
4.4 CITY-ST-ZIP	OCALA, FL 34470
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D SHIELDS, GERALD
5.3 STREET ADDRESS	18 FIR TRAIL PASS
5.4 CITY-ST-ZIP	OCALA, FL 34472
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D PEPPER, DEBRA
6.3 STREET ADDRESS	401 N.E. 63RD COURT
6.4 CITY-ST-ZIP	OCALA, FL 34470

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: *Alice M. Deitz* **Alice M. Deitz** 4/1/98 / (352) 236-2633

CR2E037 (10/97)