2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2002 8:00 AM
Secretary of State

DOCUMENT# 731435

Entity Name: WALTON COUNTY CHAPTER #1921 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

Current Principal Place of Business:

193 ROYAL PALM AVENUE
DEFUNIAK SPRINGS, FL 32433 US

New Principal Place of Business:

Current Mailing Address:

193 ROYAL PALM AVENUE
DEFUNIAK SPRINGS, FL 32433 US

New Mailing Address:

FEI Number: 23-7399918 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BERGLUND, CLAIRE
193 ROYAL PALM AVENUE
DEFUNIAK SPRINGS, FL 32433 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	VPD	( ) Delete
Name:	BERGLUND, CLAIRE	
Address:	193 ROYAL PALM AVENUE	
City-St-Zip:	DEFUNIAK SPRINGS, FL 32433 US	
Title:	PD	( ) Delete
Name:	BELENSOFF, JOHN	
Address:	138 SILK OAK LANE	
City-St-Zip:	DEFUNIAK SPRINGS, FL 32433	
Title:	SD	( ) Delete
Name:	YOUNG, MARGARET	
Address:	813 ENGLEBRECHT RD	
City-St-Zip:	DEFUNIAK SPRINGS, FL 32433	
Title:	TD	( ) Delete
Name:	MARKS, DONNA	
Address:	442 S. 2ND STREET	
City-St-Zip:	DEFUNIAK SPRINGS, FL 32435	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	SD	(X) Change ( ) Addition
Name:	MORGAN, CHARLES	
Address:	60 WINDHAM WAY	
City-St-Zip:	DEFUNIAK SPRINGS, FL 32433	
Title:	TD	(X) Change ( ) Addition
Name:	BODIFORD, DAN	
Address:	396 LAKEVIEW DR	
City-St-Zip:	DEFUNIAK SPRINGS, FL 32433	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAN BODIFORD TD 01/28/2002

Electronic Signature of Signing Officer or Director — Date