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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 733668

1. Corporation Name

**PALATKA CHAPTER #2224 OF AMERICAN ASSOCIATION OF
RETIRED PERSONS, INC.**

Principal Place of Business

ST. MONICA HALL
P.O. BOX 2558
PALATKA FL 32177

Mailing Address

~~P.O. BOX 4~~
~~PALATKA FL 32178~~
~~US~~



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 <i>Same</i>		26 <i>P.O. Box 104</i>		08/26/1975	
Suite, Apt. #, etc.		27 <i>P</i>		4. FEI Number	
22		27		59-1620663	
City & State		28 <i>Boothwick FL</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		29 <i>32007</i>		30 <i>Returned</i>	
24		25		29	

9. Name and Address of Current Registered Agent

SCULLY, NELL K
517 S. 17TH ST.
PALATKA FL 32177

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	P	1.1 TITLE	<i>President</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCULLY, NELL K	1.2 NAME	<i>Richard G. Barry</i>
STREET ADDRESS	517 S. 17TH STREET	1.3 STREET ADDRESS	<i>P.O. Box 104 Boothwick FL 32007</i>
CITY-ST-ZIP	PALATKA FL 32178	1.4 CITY-ST-ZIP	<i>Boothwick FL 32007</i>
TITLE	DV	2.1 TITLE	<i>1st VP</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, EDITH	2.2 NAME	<i>Tom Moore</i>
STREET ADDRESS	RT. 5 BOX 6510 N/A	2.3 STREET ADDRESS	<i>RT #1 Box 6530</i>
CITY-ST-ZIP	PALATKA FL 32177	2.4 CITY-ST-ZIP	<i>Palatka, FL 32177</i>
TITLE	S	3.1 TITLE	<i>Sec. Patricia Costa</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LETOURNEAU, EVELYN	3.2 NAME	<i>218 Trussell Ave</i>
STREET ADDRESS	115 QUAIL LANE	3.3 STREET ADDRESS	<i>Palatka, FL 32177</i>
CITY-ST-ZIP	PALATKA FL 32177	3.4 CITY-ST-ZIP	
TITLE	DT	4.1 TITLE	<i>Treasurer Glenna Craig</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYANT, DOLORES L	4.2 NAME	<i>7300 Crull Ave #63</i>
STREET ADDRESS	RT. 5 BOX 2271	4.3 STREET ADDRESS	<i>Palatka, Florida 32177</i>
CITY-ST-ZIP	PALATKA FL 32177	4.4 CITY-ST-ZIP	
TITLE	LCD	5.1 TITLE	<i>Dolores L. Bryant</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRY, RICHARD	5.2 NAME	<i>RT 5 Box 2271</i>
STREET ADDRESS	P.O. BOX 1104 N/A	5.3 STREET ADDRESS	<i>Palatka, FL 32177</i>
CITY-ST-ZIP	BOOTHWICK FL 32007	5.4 CITY-ST-ZIP	
TITLE	ZVP	6.1 TITLE	<i>Wanda Vicari</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, TOM	6.2 NAME	<i>PO Box 1015</i>
STREET ADDRESS	RT. 1 BOX 5530 N/A	6.3 STREET ADDRESS	<i>E. Palatka FL 32131</i>
CITY-ST-ZIP	PALATKA FL 32177	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: *Richard G. Barry*

SIGNATURE REQUIRED

Richard G. Barry
President

Date

Daytime Phone

2/24/99
904
325-9425

CR2E037 (11/98)