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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 13, 1999 8:00 am  
Secretary of State

04-13-1999 90085 050 \*\*\*\*61.25

DOCUMENT # 733974

1. Corporation Name

ST. AUGUSTINE SOUTH-WEST AREA CHAPTER #2276 OF A  
AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business

222 DELTONA BLVD  
ST. AUGUSTINE SHORES FL 32086

Mailing Address

222 DELTONA BLVD  
ST. AUGUSTINE SHORES FL 32086



2. Principal Place of Business

21 112 CAPTAIN'S POINTE CIR.  
Suite, Apt. #, etc.

22 City & State

23 ST. AUGUSTINE, FL  
Zip Country

24 32086

25

2a. Mailing Address

26 112 CAPTAIN'S POINTE CIR.  
Suite, Apt. #, etc.

27 City & State

28 ST. AUGUSTINE, FL  
Zip Country

29 32086

30

3. Date Incorporated or Qualified

10/02/1975

4. FEI Number

51-0148078

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

BOURGUIGNON, ANNE K  
222 DELTONA BLVD  
ST. AUGUSTINE FL 32086

10. Name and Address of New Registered Agent

81 Name KIRCHHOFF, EDWARD J.

82 Street Address (P.O. Box Number is Not Acceptable)

112 CAPTAIN'S POINTE CIRCLE

83

84 City ST. AUGUSTINE

FL

85 Zip Code 32086

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 Edward J. Kirchhoff  
Signature, typed or printed name of registered agent and title if applicable.

EDWARD J. KIRCHHOFF  
(NOTE: Registered Agent signature required when reinstating)

4-1-99  
DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE  
NAME PACE, IRENE  
STREET ADDRESS 145 DELTONA BLVD.  
CITY-ST-ZIP ST. AUGUSTINE FL 32086

TITLE VD ☐ DELETE  
NAME MCCARTHY, MARY LOU  
STREET ADDRESS 604 BAYWOOD TRAIL  
CITY-ST-ZIP ST AUGUSTINE FL 32086

TITLE TD ☒ DELETE  
NAME BOURGUIGNON, ANNE K  
STREET ADDRESS 222 DELTONA BLVD  
CITY-ST-ZIP ST AUGUSTINE FL 32086-7355

TITLE SD ☒ DELETE  
NAME CAIOLA, CLARA  
STREET ADDRESS 144 CAPTAINS POINT CIRCLE  
CITY-ST-ZIP ST AUGUSTINE FL 32086

TITLE D ☐ DELETE  
NAME BUCKNER, IRENE D  
STREET ADDRESS 220 BARACOA COURT  
CITY-ST-ZIP ST. AUGUSTINE FL 32086

TITLE D ☐ DELETE  
NAME KNIGHT, MINNICE  
STREET ADDRESS 256 MONTEREY AVE  
CITY-ST-ZIP ST. AUGUSTINE FL 32095

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE TD ☒ Change ☒ Addition  
3.2 NAME KIRCHHOFF, EDWARD J.  
3.3 STREET ADDRESS 112 CAPTAINS POINTE CIRCLE  
3.4 CITY-ST-ZIP ST. AUGUSTINE, FL 32086

4.1 TITLE SD ☒ Change ☒ Addition  
4.2 NAME BULKO, RUTH  
4.3 STREET ADDRESS 600 DOMENICO CIR. APT. D5  
4.4 CITY-ST-ZIP ST. AUGUSTINE, FL 32086

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
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, with all other like empowered.

SIGNATURE: Edward J. Kirchhoff SIGNATURE REQUIRED EDWARD J. KIRCHHOFF 4-1-99 904-797-6178  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037-1198