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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 736128

1. Corporation Name

COOPER CITY CHAPTER #2568 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business

5155 S.W. 90 AVENUE
COOPER CITY FL 33328

Mailing Address

5155 S.W. 90 AVENUE
COOPER CITY FL 33328



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

06/16/1976

4. FEI Number

95-3026116

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

10. Name and Address of New Registered Agent

**MADSON, VIRGINIA I.
11277 SW 58 PL
COOPER CITY FL 33330**

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 PD
NAME GARDINIER
STREET ADDRESS 7504 TAFT ST
CITY-ST-ZIP HOLLYWOOD FL 33328

☐ DELETE

1.1 TITLE PD
1.2 NAME Wilson, Gladys
1.3 STREET ADDRESS 5155 SW 90th Ave
1.4 CITY-ST-ZIP Cooper City FL 33328

☒ Change ☐ Addition

TITLE VD
NAME GAIL JAFFEE
STREET ADDRESS 5061 SW 87 TERRACE
CITY-ST-ZIP COOPER CITY FL

☐ DELETE

2.1 TITLE VP
2.2 NAME Ida Pementa
2.3 STREET ADDRESS 11167 Longboat Dr
2.4 CITY-ST-ZIP Cooper City, FL

☒ Change ☐ Addition

TITLE TD
NAME MADSON, VIRGINIA I.
STREET ADDRESS 11750 SW 58 PL
CITY-ST-ZIP COOPER CITY FL

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE SD
NAME WILSON, GLADYS
STREET ADDRESS 5155 SW 90TH AVE
CITY-ST-ZIP COOPER CITY FL 33328

☐ DELETE

4.1 TITLE SD
4.2 NAME Reva Moore
4.3 STREET ADDRESS 10278 SW 56th St
4.4 CITY-ST-ZIP Cooper City FL

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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: Virginia I. Madson **SIGNATURE: REVA MOORE** **DATE: 2-5-99** **DAYTIME PHONE: (954) 680-2233**

CR2E037 (11/98)