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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 736875

1. Corporation Name
PORT ST. LUCIE CHAPTER #2696 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business	Mailing Address
PO BOX 7043 2854 SE PACE RD PORT ST. LUCIE FL 34985-7043 US	PO BOX 7043 2854 SE PACE RD PORT ST. LUCIE FL 34985-7043 US

5 6 2 7 4 6
562746 - 90005 - 23

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

3. Date Incorporated or Qualified: 09/24/1976
4. FEI Number: 95-3051350 ☐ 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

GONZALEZ, RUDOLPHO J
352 SW DUVAL AVE.
PORT ST. LUCIE FL 34983

10. Name and Address of New Registered Agent

81 Name: MARTORANA, ANGELO V.
82 Street Address (P.O. Box Number is Not Acceptable)
83: 2343 SW NAOMI AVE
84 City: PORT ST. LUCIE, FL 85 Zip Code: 34953

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: Angelo V. Martorana — DATE: APR 24, 1999
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

CR2E037 (11/98)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GONZALEZ, RUDOLPHO J 352 SW DUVAL AVE. PORT ST. LUCIE FL 34983	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P MARTORANA, ANGELO V. 2343 S.W. NAOMI AVE. PORT ST. LUCIE, FL. 34953 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BARBARA HATFIELD 798 NW AIROSO BLVD PORT ST LUCIE FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VP D ALTHEN, KATHRYN 82 SPANISH WAY PORT ST. LUCIE, FL. 34952 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S FOSTER, WARRREN E 6811 N.W. GARBETT ST. PORT ST. LUCIE FL 34983	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	S CLARK, VIRGINIA 1620 GREENACRES CIRCLE N-104 PORT SAINT LUCIE, FL. 34952 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HAAS, PAT 1510 S.E. MINORCA AVE. PORT ST. LUCIE FL 34983	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	T HAAS, PAT 19 LAKE VISTA DRIVE UNIT 103 PORT ST. LUCIE, FL. 34952 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARTORANA, ANGELO 2343 SW NAOMI DR. PORT ST. LUCIE FL 34983	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	VP FELICE, ANN 4 LAKE VISTA TRAIL APT 204 PORT ST. LUCIE, FL. 34952 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, ARLENE 211 SW PICES TR PORT ST. LUCIE FL	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	D SMITH, ARLENE. 211 SW PISCES TERR PORT ST. LUCIE, FL. 34984 ☐ 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: Dale SIGNATURE REQUIRED 2-6-99 561-343-8581
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #