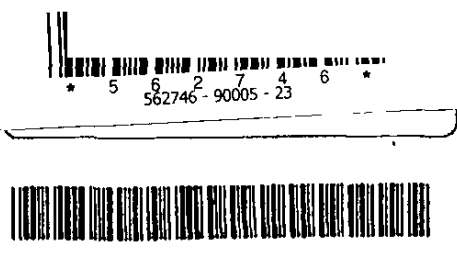


FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90048 019 ****61.25

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 PO BOX 7043 2854 SE PACE RD PORT ST. LUCIE FL 34985-7043 US			Mailing Address PO BOX 7043 2854 SE PACE RD PORT ST. LUCIE FL 34985-7043 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/24/1978	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 95-3051350	
22 City & State		27 City & State		Applied For Not Applicable	
23 Zip		28 Zip		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing ☐ \$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 34963	
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 <i>Angelo Martorana</i>				DATE APR 24, 1999	
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE ☒ Change ☐ Addition					
1.2 NAME P MARTORANA, ANGELO V.					
1.3 STREET ADDRESS 2343 S.W. NAOMI AVE.					
1.4 CITY-STATE-ZIP PORT ST. LUCIE, FL. 34953					
2.1 TITLE ☒ Change ☐ Addition					
2.2 NAME VP ALTHEN, KATHRYN					
2.3 STREET ADDRESS 82 SPANISH WAY					
2.4 CITY-STATE-ZIP PORT ST. LUCIE, FL. 34952					
3.1 TITLE ☒ Change ☐ Addition					
3.2 NAME S CLARK, VIRGINIA					
3.3 STREET ADDRESS 1620 GREENACRES CIRCLE N-104					
3.4 CITY-STATE-ZIP PORT SAINT LUCIE, FL. 34952					
4.1 TITLE ☐ Change ☐ Addition					
4.2 NAME T HAAS, PAT					
4.3 STREET ADDRESS 19 LAKE VISTA DRIVE UNIT 103					
4.4 CITY-STATE-ZIP PORT ST. LUCIE, FL. 34952					
5.1 TITLE ☒ Change ☐ Addition					
5.2 NAME VP FELICE, ANN					
5.3 STREET ADDRESS 4 LAKE VISTA TRAIL APT 204					
5.4 CITY-STATE-ZIP PORT ST. LUCIE, FL. 34952					
6.1 TITLE ☐ Change ☐ Addition					
6.2 NAME D SMITH, ARLENE					
6.3 STREET ADDRESS 211 SW PICES TR					
6.4 CITY-STATE-ZIP PORT ST. LUCIE, FL. 34984					



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: *Angelo Martorana* **2-6-99** **343-8581**

CR2E037 (1/98)