

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90185 007 ****61.25

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DOCUMENT # 740261

1. Corporation Name

DESOTO-COUNTY CHAPTER #2966 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business

23 N POLK
ARCADIA FL 33821
US

Mailing Address

23 N POLK
ARCADIA FL 33821
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

09/27/1977

4. FEI Number

94-2432086

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

BARR, JEANE L
20 TEXAS AVE
ARCADIA FL 34266

10. Name and Address of New Registered Agent

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

Jeane L. Barr

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

(NOTE: Registered Agent signature required when reinstating)

January 31, 1999

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE
NAME VICTOR, MARY
STREET ADDRESS 1978 NE FLORIDIAN CIR
CITY-ST-ZIP ARCADIA FL 34266

TITLE ☒ DELETE
NAME VICTOR, MARY
STREET ADDRESS 1978 NE FLORIDIAN CIRCLE
CITY-ST-ZIP ARCADIA FL

TITLE ☐ DELETE
NAME BARR, JEANE L
STREET ADDRESS 20 TEXAS AVE
CITY-ST-ZIP ARCADIA FL 34266

TITLE ☒ DELETE
NAME GSCHIEDEL, WILLIAM
STREET ADDRESS 716 N JOHNSON
CITY-ST-ZIP ARCADIA FL 34266

TITLE ☒ DELETE
NAME PEARCE, LA
STREET ADDRESS 401 SUNSET AVE
CITY-ST-ZIP ARCADIA FL 34266

TITLE ☒ DELETE
NAME HUGHES, EMILY
STREET ADDRESS 12288 SW LEXINGOTN PL
CITY-ST-ZIP FT OGDEN FL 34842

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME Davis, Ellen
1.3 STREET ADDRESS 2692 N.E Highway 70
1.4 CITY-ST-ZIP Arcadia, Florida 34266

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME Saraf, Sarafino
2.3 STREET ADDRESS 5 S. Hillsborough
2.4 CITY-ST-ZIP Arcadia, Florida 34266

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME Barr, Jeane L.
3.3 STREET ADDRESS 20 Texas Avenue
3.4 CITY-ST-ZIP Arcadia, Fl. 34266

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME Victor, Mary
4.3 STREET ADDRESS 1978 N.E. Floridian Circle
4.4 CITY-ST-ZIP Arcadia, Fl. 34266

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME Walworth, Claire
5.3 STREET ADDRESS ~~117 Evangeline St.~~ 2692 N.E. 70 Lot # 408
5.4 CITY-ST-ZIP Arcadia, Fl. 34266

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME Bresaw, Dora
6.3 STREET ADDRESS 1182 S.E. Shady Oaks Avenue
6.4 CITY-ST-ZIP Arcadia, Fl. 34266

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:

JEANE L. BARR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-31-199 1-941-494-2154

CR2E037 (11/98)