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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 740325

1. Corporation Name

BROOKSVILLE, FLORIDA CHAPTER #2975 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business

Mailing Address

%CHRIST LUTHERAN CHURCH
 475 N. AVE. W.
 BROOKSVILLE FL 34601

1321 CANDLELIGHT BLVD.
 BROOKSVILLE FL 34601
 US

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

Applied For

22 City & State

27 City & State

95-3156396

Not Applicable

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24

25

29

30

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

PERRY, THOMAS
 7296 ASHBROOK DR
 BROOKSVILLE FL 34601

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 P ☒ DELETE

NAME STRAIT, ELISABETH
 STREET ADDRESS 215 S COURTENEY PKWY, #35
 CITY-ST-ZIP MERRITT ISLAND FL 32952-4513

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME FRANCES ROMIG
 1.3 STREET ADDRESS 7459 MITCHELL RD.
 1.4 CITY-ST-ZIP BROOKSVILLE, FL. 34601-5652

TITLE V ☐ DELETE

NAME ROMIG, FRANCES
 STREET ADDRESS 7459 MITCHELL RD
 CITY-ST-ZIP BROOKSVILLE FL 34601

2.1 TITLE V ☒ Change ☐ Addition

2.2 NAME MARY ANN WYDOTIS
 2.3 STREET ADDRESS 13001 BRIDLE PATH
 2.4 CITY-ST-ZIP BROOKSVILLE, FL. 34614

TITLE T ☐ DELETE

NAME STANEK, ALEX
 STREET ADDRESS 900 N BROAD ST
 CITY-ST-ZIP BROOKSVILLE FL 34601

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE BS ☐ DELETE

NAME ABBOTT, CAROLYN
 STREET ADDRESS 1321 CANDLELIGHT BLVD
 CITY-ST-ZIP BROOKSVILLE FL 34601

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME WYDOTIS, MARYANN
 STREET ADDRESS 13001 BRIDLE PATH
 CITY-ST-ZIP BROOKSVILLE FL 34614

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE D ☒ DELETE

NAME VAN SUSTEREN, JOHN
 STREET ADDRESS 900 N BROAD ST LOT 2089
 CITY-ST-ZIP BROOKSVILLE FL 34601

6.1 TITLE D ☒ Change ☐ Addition

6.2 NAME ROSE CLAYARD
 6.3 STREET ADDRESS 310 LONGWOOD DRIVE BX. 583
 6.4 CITY-ST-ZIP BROOKSVILLE FL. 34601

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:

Alex Staneck
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar. 27, 1999 *352-296-7967*
 Date Daytime Phone #

CR2E037 (1/1/98)