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Apr 28 1998 8:00am
Secretary of State

NON-PROFIT CORPORATION
ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 742019 (3)
1. Corporation Name
NEW SMYRNA BEACH-EDGEWATER CHAPTER #3037 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business
P.O. BOX NO. 1871
NEW SMYRNA BEACH FL 32170

Mailing Address
P.O. BOX NO. 1871
NEW SMYRNA BEACH FL 32170

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent
SINICKI, ANTHONY
3122 ROYAL PALM DRIVE
EDGEWATER FL 32141

3. Date Incorporated or Qualified
03/16/1978

4. FEI Number
95-3208632

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent
81 Name SINICKI ANTHONY
82 Street Address (P.O. Box Number is Not Acceptable)
ETHEL BECKER 3122 Royal Palm
83 73 AQUA CT.
84 City NEW SMYRNA BEACH FL 85 Zip Code 32168

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 RUTH O'ROURKE TREAS Ruth A. O'Rourke 02/02/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SINICKI, ANTHONY
STREET ADDRESS	2122 ROYAL PALM DRIVE
CITY-ST-ZIP	EDGEWATER FL 32141
TITLE	VP
NAME	TRUDO, RICHARD
STREET ADDRESS	204 ROBINSON ROAD
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169
TITLE	VP
NAME	BECKER, ETHEL
STREET ADDRESS	73 AQUA CT.
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168
TITLE	
NAME	COLLINS, DOREEN M
STREET ADDRESS	4840 SAXON DRIVE
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169
TITLE	
NAME	Pileggi Andy
STREET ADDRESS	2735 Letha St.
CITY-ST-ZIP	N.J.B FL. 32168-9245
TITLE	
NAME	Clarence
STREET ADDRESS	628 - Bella Vista
CITY-ST-ZIP	Edgewater Fl. 32141

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P.O.	☒ Change ☐ Addition
1.2 NAME	ETHEL BECKER	
1.3 STREET ADDRESS	73 AQUA CT.	
1.4 CITY-ST-ZIP	NEW SMYRNA BCH FL. 32168	
2.1 TITLE	VP	☒ Change ☐ Addition
2.2 NAME	FRANK BALLWAGE	
2.3 STREET ADDRESS	2217 YULE TREE DR.	
2.4 CITY-ST-ZIP	EDGEWATER FL 32141	
3.1 TITLE	VP	☒ Change ☐ Addition
3.2 NAME	HERMAN RAUCH	
3.3 STREET ADDRESS	2837 RED OAK ST	
3.4 CITY-ST-ZIP	NEW SMYRNA BCH FL. 32168-5987	
4.1 TITLE	T	☒ Change ☐ Addition
4.2 NAME	RUTH O'ROURKE	
4.3 STREET ADDRESS	132 E. CONNECTICUT AVE	
4.4 CITY-ST-ZIP	EDGEWATER FL 32132	
5.1 TITLE	WILLIAM THORPE	☒ Change ☐ Addition
5.2 NAME	2830 Needle Palm	
5.3 STREET ADDRESS	Edgewater, FL 32141	
5.4 CITY-ST-ZIP		
6.1 TITLE	JEANNETTE WATSON	☐ Change ☒ Addition
6.2 NAME	4 Laughing Gull Lane	
6.3 STREET ADDRESS	Edgewater, FL 32141	
6.4 CITY-ST-ZIP		

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.

SIGNATURE Ruth A. O'Rourke

CP2E037 (10/97)