


FILE NOW: FILING FEE IS \$61.25

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Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90014 028 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 742019					
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		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		03/16/1978	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		95-3208632	
24 Country		29 Country		Applied For	
				Not Applicable	
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing				<input type="checkbox"/> \$5.00 May Be Added to Fees	
Trust Fund Contribution					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SINCKI, ANTHONY 3122 ROYAL PALM DRIVE EDGEWATER FL 32141				81 Name			
				ANTHONY SINICKI			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				ANTHONY SINICKI			
83				3122 ROYAL PALM DRIVE			
84 City				EDGEWATER FL 32141		85 Zip Code	
				FL		32141	

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 Anthony Sinicki DATE 2/1/1999

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE <input checked="" type="checkbox"/> DELETE NAME VD STREET ADDRESS BALLWAGE, FRANK CITY-ST-ZIP 2217 YULE TREE DR EDGEWATER FL 32141				1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME PRESIDENT 1.3 STREET ADDRESS FRANK BOLLWAGE 1.4 CITY-ST-ZIP 2217 YULE TREE DR EDGEWATER FL 32141			
TITLE <input type="checkbox"/> DELETE NAME DIRECTOR 2YR STREET ADDRESS RAUCH, HERMAN CITY-ST-ZIP 2837 RED OAK ST NEW SMYRNA BEACH FL 32168-5787				2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME VICE PRESIDENT 2.3 STREET ADDRESS ANTHONY SINICKI 2.4 CITY-ST-ZIP 3122 ROYAL PALM DR EDGEWATER FL 32141-6112			
TITLE <input type="checkbox"/> DELETE NAME DIRECTOR 1 YR STREET ADDRESS BECKER, ETHEL CITY-ST-ZIP 73 AQUA CT. NEW SMYRNA BEACH FL 32168				3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 2ND VICE PRESIDENT 3.3 STREET ADDRESS ROBERT CIRILLO 3.4 CITY-ST-ZIP 311 JOAN ST EDGEWATER FL 3214 1			
TITLE <input type="checkbox"/> DELETE NAME TO STREET ADDRESS O'ROURKE, RUTH CITY-ST-ZIP 132 E. CONNECTICUT AVE EDGEWATER FL 32132				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME TREASURER 4.3 STREET ADDRESS RUTH O'ROURKE 4.4 CITY-ST-ZIP 132 E CONNECTICUT AV EDGEWATER FL 32141			
TITLE <input type="checkbox"/> DELETE NAME D STREET ADDRESS THORPE, WILLIAM CITY-ST-ZIP 830 NEEDLE PALM EDGEWATER FL 32141				5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME DIRECTOR 5.3 STREET ADDRESS ANDREW PILEGGI 5.4 CITY-ST-ZIP 2735 LETHA ST NEW SMYRNA BEACH FL 32168			
TITLE <input type="checkbox"/> DELETE NAME D STREET ADDRESS WATSON, JEANNETTE CITY-ST-ZIP 4 LAUGHING GULL LANE EDGEWATER FL 32141				6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6.2 NAME DIRECTOR 6.3 STREET ADDRESS CLARENCE GNAU 6.4 CITY-ST-ZIP 628 BELLA VISTA EDGEWATER FL 32141			

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: Frank Bollwage DATE 2/1/99 DAYTIME PHONE # 904 423 075-2

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)