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Secretary of State

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 742615

1. Corporation Name

**BAY INDIES-VENICE CHAPTER #3057 OF AMERICAN ASSO
CIATION OF RETIRED PERSONS, INC.**

Principal Place of Business

**BAY INDIES
950 RIDGEWOOD
VENICE FL 34292
US**

Mailing Address

**940 BONAIRE AVE
VENICE FL 34292
US**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **1168 Kingston Way**

23 City & State

28 **Venice, FL**

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**DARRINGTON, ED
940 BONAIRE
VENICE FL 34292**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

05/01/1978

4. FEI Number

95-3221692

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**

10. Name and Address of New Registered Agent

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

TITLE **VD** ☒ DELETE
NAME **GEARY, DONALD**
STREET ADDRESS **436 BIMINI**
CITY-ST-ZIP **VENICE FL 34292**

TITLE **PD** ☐ DELETE
NAME **BONNINGTON, EVELYN J**
STREET ADDRESS **877 EXUMA**
CITY-ST-ZIP **VENICE FL**

TITLE **D** ☐ DELETE
NAME **DARRINGTON, ED**
STREET ADDRESS **940 BONAIRE AVE.**
CITY-ST-ZIP **VENICE FL**

TITLE **TD** ☐ DELETE
NAME **ANDERSON, WARREN**
STREET ADDRESS **435 ZACAPA**
CITY-ST-ZIP **VENICE FL 34292**

TITLE **SD** ☐ DELETE
NAME **HAARAOJA, MARY**
STREET ADDRESS **457 ZACAPA**
CITY-ST-ZIP **VENCIE FL 34292**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE **PD** ☐ Change ☒ Addition
2.2 NAME **Barbara Cooper**
2.3 STREET ADDRESS **1168 Kingston Way**
2.4 CITY-ST-ZIP **Venice, FL 34292**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE **VD** ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE **TD** ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE **SD** ☒ Change ☐ Addition
6.2 NAME **Bonnington, Evelyn J**
6.3 STREET ADDRESS **877 Exuma**
6.4 CITY-ST-ZIP **Venice, FL 34292**

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99 941-488-6083
Date Daytime Phone #

CR2E037 (11/98)