FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

FILED
Feb 16 1998 8:00am
Secretary of State

DOCUMENT # 762336 (6)

1. Corporation Name

SAINT JOSEPH BAY CHAPTER #3425 OF AMERICAN ASSOC IATION OF RETIRED PERSONS, INC.

Principal Place of Business	Mailing Address
FIRST UNITED METHODIST CHURCH 1001 CONSTITUTION DR. PORT ST. JOE FL 32456	AARP CHAPTER 3425 PO BOX 13086 MEXICO BCH FL 32410

3. Date Incorporated or Qualified: 03/09/1982

4. FEI Number: 95-3696105 — Applied For ☐ Not Applicable ☐

2. Principal Place of Business
21 Senior Citizen Community Center
22 Suite, Apt. #, etc.: 120 Library Drive
23 City & State: Port St Joe FL
24 Zip: 32456
25 Country: GULF

2a. Mailing Address
26 191 Gulf Pines Drive
27 Suite, Apt. #, etc.: Port St Joe
28 City & State: FL
29 Zip: 32456
30 Country: Gulf.

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 N/A

9. Name and Address of Current Registered Agent

HOWELL, PHIL
PO BOX 1454
WEWAHITCKKA FL 32465

10. Name and Address of New Registered Agent

81 Name: Edward J. Knight
82 Street Address (P.O. Box Number is Not Acceptable): 191 Gulf Pines Drive
83
84 City: Port St Joe FL
85 Zip Code: 32456

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: Edward J. Knight — EDWARD J KNIGHT President — Feb. 10. 1998
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	☑ DELETE
NAME	CONLEY, VESTA	
STREET ADDRESS	RT 3 BOX 133A	
CITY-ST-ZIP	PORT ST. JOE FL 32456	
TITLE	VP	☑ DELETE
NAME	PFOST, DOT	
STREET ADDRESS	BOX 13148 N/A	
CITY-ST-ZIP	MEXIXO BCH., FL 32410	
TITLE	TD	☑ DELETE
NAME	KYPER, WILLIAM H	
STREET ADDRESS	RT. 3 BOX 99	
CITY-ST-ZIP	PORT ST. JOE FL 32456	
TITLE	SD	☑ DELETE
NAME	TAYLOR, LAURA	
STREET ADDRESS	RT 3 BOX 101E	
CITY-ST-ZIP	PORT ST JOE FL 32956	
TITLE	D	☑ DELETE
NAME	PITTS, BETTY	
STREET ADDRESS	RT 1660C COUNTRY CLUB DR.	
CITY-ST-ZIP	PT ST JOE FL 32456	
TITLE	D	☑ DELETE
NAME	WEBB, SHIRLEY	
STREET ADDRESS	406 IOLA	
CITY-ST-ZIP	PT. ST. JOE FL 32456	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President PD	☒ Change ☐ Addition
1.2 NAME	Edward J. Knight	
1.3 STREET ADDRESS	191 Gulf Pines Drive	
1.4 CITY-ST-ZIP	Port St Joe FL 32456	
2.1 TITLE	Vice President VD	☒ Change ☐ Addition
2.2 NAME	Hardy Stohler	
2.3 STREET ADDRESS	414 Gulfaire Drive	
2.4 CITY-ST-ZIP	Port St. Joe. FL 32456	
3.1 TITLE	Treasurer TD	☒ Change ☐ Addition
3.2 NAME	Gwen Knight	
3.3 STREET ADDRESS	191 Gulf Pines Drive	
3.4 CITY-ST-ZIP	Port St Joe FL 32456	
4.1 TITLE	2nd VP D	☒ Change ☐ Addition
4.2 NAME	Evelyn Stohler	
4.3 STREET ADDRESS	414 Gulfaire Drive	
4.4 CITY-ST-ZIP	Port St. Joe. FL 32456	
5.1 TITLE	Secretary SD	☒ Change ☐ Addition
5.2 NAME	Betty Pitts	
5.3 STREET ADDRESS	724 Country Club Rd.	
5.4 CITY-ST-ZIP	Port St Joe FL 32456	
6.1 TITLE	Membership D	☒ Change ☐ Addition
6.2 NAME	Vesta Conley	
6.3 STREET ADDRESS	HC 3 Box 133-A	
6.4 CITY-ST-ZIP	Port St Joe FL 32456	

CR2E037 (10/97)

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: GWEN KNIGHT TREASURER — Gwen Knight — Feb 7 1998 — 850-229-6784
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone