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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # 762336 (6)

1. Corporation Name

SAINT JOSEPH BAY CHAPTER #3425 OF AMERICAN ASSOCIATION 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	2a. Mailing Address
21 Senior Citizen Community Center	26 191 Gulf Pines Drive
Suite, Apt. #, etc. 22 120 Library Drive	Suite, Apt. #, etc. 27 Port St Joe
City & State 23 Port St Joe FL	City & State 28 FL
Zip / Country 24 32456 / 25 GULF	Zip / Country 29 32456 / 30 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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CONLEY, VESTA RT 3 BOX 133A PORT ST. JOE FL 32456	☑ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	President P.D Edward J. Knight 191 Gulf Pines Drive Port St Joe FL 32456	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP PFOST, DOT BOX 13148 N/A MEXIXO BCH., FL 32410	☑ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Vice President V D Hardy Stohler. 414 Gulfaire Drive Port St. Joe. FL 32456	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD KYPER, WILLIAM H RT. 3 BOX 99 PORT ST. JOE FL 32456	☑ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Treasurer T D Gwen Knight 191 Gulf Pines Drive Port St Joe FL 32456	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD TAYLOR, LAURA RT 3 BOX 101E PORT ST JOE FL 32956	☑ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	2nd VP D Evelyn Stohler 414 Gulfaire Drive Port St. Joe. FL 32456	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PITTS, BETTY RT 1660C COUNTRY CLUB DR. PT ST JOE FL 32456	☑ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	Secretary SD Betty Pitts 724 Country Club Rd. Port St Joe FL 32456	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WEBB, SHIRLEY 406 IOLA PT. ST. JOE FL 32456	☑ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	Membership D Vesta Conley HC 3 Box 133-A Port St Joe FL 32456	☒ Change ☐ Addition

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 #