

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONSFILED  
Mar 17, 1999 8:00 am  
Secretary of State

03-17-1999 90082 048 \*\*\*\*61.25

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DOCUMENT # 762336

1. Corporation Name

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

Principal Place of Business

SENIOR CITIZEN COMMUNITY CENTER  
120 LIBRARY DRIVE  
PORT ST. JOE FL 32456  
US

Mailing Address

191 GULF PINES DRIVE Port St. Joe FL  
32456  
US

2. Principal Place of Business

21 as above

Suite, Apt. #, etc.

City &amp; State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 as above

Suite, Apt. #, etc.

City &amp; State

28 Zip Country

3. Date Incorporated or Qualified

03/09/1982

4. FEI Number

95-3696105

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

KNIGHT, EDWARD J.  
191 GULF PINES DRIVE  
SUITE B  
PORT ST. JOE FL 32456

10. Name and Address of New Registered Agent

81 Name

Same

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

83

84 City

FL

85 Zip Code

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 PD ☐ DELETENAME KNIGHT, EDWARD J.  
STREET ADDRESS 191 GULF PINES DRIVE  
CITY-ST-ZIP PORT ST. JOE FL 32456TITLE VD ☐ DELETENAME STOHLER, HARDY  
STREET ADDRESS 414 GULF AIRE DRIVE  
CITY-ST-ZIP PORT ST. JOE FL 32456TITLE TD ☒ DELETENAME KNIGHT, GWEN  
STREET ADDRESS 191 GULF PINES DRIVE  
CITY-ST-ZIP PORT ST. JOE FL 32456TITLE SVPD ☒ DELETENAME STOHLER, EVELYN  
STREET ADDRESS 414 GULFAIRE DRIVE  
CITY-ST-ZIP PORT ST JOE FL 32456TITLE SD ☒ DELETENAME PITTS, BETTY  
STREET ADDRESS 724 COUNTRY CLUD ROAD  
CITY-ST-ZIP PT ST JOE FL 32456TITLE D ☒ DELETENAME CONLEY, VESTRA  
STREET ADDRESS HC 3 BOX 133-A  
CITY-ST-ZIP PT. ST. JOE FL 32456

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 ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition3.2 NAME TD MARIE EVANS (Mailing address  
3.3 STREET ADDRESS 9225 Cockles Ave. POBox 13863 Mexico  
3.4 CITY-ST-ZIP Beacon Hill, FL 32456 Beach FL. 32410)4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED GWEN KNIGHT

1/29/99 (850) 229-6784

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)

240321-90082-48  
#762336  
NON PROFIT CORPORATION ANNUAL REPORT 1999

Additional Directors

D  
Betty Vickers  
726 Country Club Road  
Port St. Joe FL. 32456

D  
Erma Creel  
122 Hunter Circle  
Port St. Joe. FL. 32456