

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 30, 1999 8:00 am  
Secretary of State

04-30-1999 90093 031 \*\*\*\*61.25

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DOCUMENT # 763431

1. Corporation Name

LAKE WALES CHAPTER #3416 OF AMERICAN ASSOCIATION  
OF RETIRED PERSONS, INC.

Principal Place of Business

C/O HUNT  
900 REDWOOD WAY  
LAKE WALES FL 33853  
US

Mailing Address

C/O HUNT  
900 REDWOOD WAY  
LAKE WALES FL 33853  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

05/25/1982

4. FEI Number

NOT APPLICABLE

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

9. Name and Address of Current Registered Agent

MOORE, MILDRED A  
225 LAKESHORE DR N  
LAKE WALES FL 33853

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

85 Zip Code

FL

33853

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 Lois J. Hunt

Signature, typed or printed name of registered agent and title if applicable.

Lois J. Hunt

(NOTE: Registered Agent signature required when reinstating)

April 27, 1999

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME HUNT, LOIS J  
STREET ADDRESS 900 REDWOOD WAY  
CITY-ST-ZIP LAKE WALES FL 33853

TITLE VD  
NAME BECKER, HUBERT E  
STREET ADDRESS 2730 LAKE PIERCE DR  
CITY-ST-ZIP LAKE WALES FL 33853

TITLE TD  
NAME BOWMAN, RAYMOND C  
STREET ADDRESS 5111 SADDLEBAG LAKE RD  
CITY-ST-ZIP LAKE WALES FL

TITLE RSD  
NAME BECKER, SHARON  
STREET ADDRESS 2730 LAKE PIERCE DR  
CITY-ST-ZIP LAKE WALES FL 33853

TITLE D  
NAME MIKULA, EDWARD W  
STREET ADDRESS 527 SUNSHINE DR  
CITY-ST-ZIP LAKE WALES FL 33853

TITLE D  
NAME LABONTE, ELEANOR  
STREET ADDRESS 1101 ST. ANNE SNRINE RD.  
CITY-ST-ZIP LAKE WALES FL 33853

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 TD  
3.2 NAME Waring, Robert  
3.3 STREET ADDRESS 733 Hunt Dr.  
3.4 CITY-ST-ZIP Lake Wales, Florida 33853

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 Bowman Raymond C  
5.3 STREET ADDRESS 5111 Saddlebag Lake Rd  
5.4 CITY-ST-ZIP Lake Wales, Florida 33853

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 27, 1999

Date

Daytime Phone #

CR2E037 (11/98)