

FILE NOW: FILING FEE IS \$61.25

FILED

May 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 763687 (1)
 1. Corporation Name
PALM COAST CHAPTER #3485 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.



Principal Place of Business P.O. BOX 352230 PALM COAST FL 32135-2230	Mailing Address P.O. BOX 352230 PALM COAST FL 32135-2230
--	--

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

3. Date Incorporated or Qualified 06/15/1982
4. FEI Number 95-3740536
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent GOEPEL, ARTHUR 119 COCHISE CT. PALM COAST FL 32137-4306	10. Name and Address of New Registered Agent 81 Name WILMA V. WILLIAMS 82 Street Address (P.O. Box Number is Not Acceptable) 59 PRESIDENT LANE 83 84 City PALM COAST 85 Zip Code FL 32164
---	--

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 Wilma V. Williams DATE 5/1/98
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when relistening)

12. OFFICERS AND DIRECTORS	
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	GOEPEL, ARTHUR
STREET ADDRESS	119 COCHISE CT.
CITY-ST-ZIP	PALM COAST FL 32137-4306
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	WEHENKEL, WALTER
STREET ADDRESS	85 PERSIMMONS DR.
CITY-ST-ZIP	PALM COAST FL 32164
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	TOBIA, KAY
STREET ADDRESS	31 WYNNFIELD DR.
CITY-ST-ZIP	PALM COAST FL 32135
TITLE	D <input type="checkbox"/> DELETE
NAME	MONTEVERDE, ARTHUR
STREET ADDRESS	82 FOLSOM LANE
CITY-ST-ZIP	PALM COAST FL 32137
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WILMA V. WILLIAMS
1.3 STREET ADDRESS	59 PRESIDENT LANE
1.4 CITY-ST-ZIP	PALM COAST, FL. 32164
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	EDITH BURNS
2.3 STREET ADDRESS	46 BURNELL DRIVE
2.4 CITY-ST-ZIP	PALM COAST, FL.
3.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WAVIE OLFORD
3.3 STREET ADDRESS	132 BRITTANY LANE
3.4 CITY-ST-ZIP	PALM COAST, FL. 32137
4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	KAY BORS
4.3 STREET ADDRESS	46 WENTWORTH LANE
4.4 CITY-ST-ZIP	PALM COAST, FL 32164
5.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MONTEVERDE, ARTHUR
5.3 STREET ADDRESS	82 FOLSOM LANE
5.4 CITY-ST-ZIP	PALM COAST, FL. 32137
6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	NOEDERSTRASSER, RUTH
6.3 STREET ADDRESS	14 CHESTNUT COURT
6.4 CITY-ST-ZIP	PALM COAST, FL 32137

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: WV Williams DATE: 5/1/98 (924) 445 7886

CR2E037 (10/97)