

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 15, 1999 8:00 am**  
**Secretary of State**

05-15-1999 90020 011 \*\*\*\*61.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # 763687**

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

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

06/15/1982

4. FEI Number

95-3740536

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Election Campaign Financing ☐

**\$5.00** May Be  
 Added to Fees

9. Name and Address of Current Registered Agent

**WILLIAMS, WILMA V  
 59 PRESIDENT LANE  
 PALM COAST FL 32164**

10. Name and Address of New Registered Agent

81 Name **ROBERT HAGEL**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**5 FAIRWAYS CIRCLE**  
 83 **PALM COAST,**  
 84 City **FL** 85 Zip Code **32137**

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

(NOTE: Registered Agent signature required when reinstating)

**May 13 1999**

12.

OFFICERS AND DIRECTORS

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAMS, WILMA V	
STREET ADDRESS	59 PRESIDENT LANE	
CITY-ST-ZIP	PALM COAST FL 32164	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BURNS, EDITH	
STREET ADDRESS	46 BURNELL DR	
CITY-ST-ZIP	PALM COAST FL 32164	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DIVORD WAVE OXFORD	
STREET ADDRESS	132 BRITTANY LANE	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BORS, KAY	
STREET ADDRESS	46 WENTWORTH LANE	
CITY-ST-ZIP	PALM COAST FL 32164	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MONTEVERDE, ARTHUR	
STREET ADDRESS	82 FOLSOM LANE	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NEDERSTRASSER, RUTH	
STREET ADDRESS	14 CHESTNUT CT	
CITY-ST-ZIP	PALM COAST FL 32137	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DOROTHY MONAHAN	
1.3 STREET ADDRESS	21 FAIRHILL LANE	
1.4 CITY-ST-ZIP	PALM COAST FL 32137	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	KATHLEEN MISLAN	
2.3 STREET ADDRESS	8 WESTLAWN PLACE	
2.4 CITY-ST-ZIP	PALM COAST FL 32164	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DELPHINA BARCLAY N/A	
3.3 STREET ADDRESS	Box 352403	
3.4 CITY-ST-ZIP	PALM COAST FL 32135	
4.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ROBERT HAGEL	
4.3 STREET ADDRESS	5 FAIRWAYS CIRCLE	
4.4 CITY-ST-ZIP	PALM COAST FL 32137	
5.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	JOHN EVANS	
5.3 STREET ADDRESS	13 FLORAL COURT	
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	KAY TOBIA	
6.3 STREET ADDRESS	31 WINNFIELD DRIVE	
6.4 CITY-ST-ZIP	PALM COAST, FL 32164	

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

**5-13-99**

Date

**904 445 5655**

Daytime Phone #

CR2E037 (11/98)