

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 26, 1999 8:00 am
Secretary of State

04-26-1999 90190 027 ****61.25

DOCUMENT # 766022

1. Corporation Name

MANDARIN CHAPTER #3532 OF AMERICAN ASSOCIATION OF
F RETIRED PERSONS, INC.

Principal Place of Business

12507 MUSCOVY DR
JAX FL 32223
US

Mailing Address

12507 MUSCOVY DR
JAX FL 32223
US



2. Principal Place of Business

12507 Muscovy Drive
Suite, Apt. #, etc.

3a. Mailing Address

26 12507 Muscovy Drive
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

12/07/1982

4. FEI Number

95-3781647

Applied For

Not Applicable

City & State
Jacksonville, FL

Zip Country
32223 US

27 City & State
28 Jacksonville, FL

29 Zip Country
30 32223 US

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

10. Name and Address of New Registered Agent

TAYLOR, JAMES H.
3128 CORMORANT DR.
JACKSONVILLE FL 32277

81 Name

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME SCUDDER, ANNE K
STREET ADDRESS 12507 MUSCOVY DR
CITY-ST-ZIP JAX FL 32223

1.1 TITLE D ☐ Change ☒ Addition

1.2 NAME Helen Cebelenski
1.3 STREET ADDRESS 4582 Wandering Oaks Ct.
1.4 CITY-ST-ZIP Jacksonville, FL 32257

TITLE T ☐ DELETE

NAME BICKERTON, MARGARET K
STREET ADDRESS 12507 MUSCOVY DR
CITY-ST-ZIP JAX FL 32223

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE S ☐ DELETE

NAME FITZPATRICK, ROBERT
STREET ADDRESS 11554 BASKERVILLE ROAD
CITY-ST-ZIP JACKSONVILLE FL

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME BRADLEY, MARIAN
STREET ADDRESS 10547 FOX SQUIRREL LN
CITY-ST-ZIP JAX FL 32257

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME TAYLOR, JAME SH
STREET ADDRESS 3128 CARMORANT DRIVE
CITY-ST-ZIP JACKSONVILLE FL

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☒ DELETE

NAME TRUVER, CURTIS C
STREET ADDRESS 4152 PRIMA VISTA CR
CITY-ST-ZIP JAX FL 32217

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 for on an attachment with an address, with all other like empowered.

SIGNATURE:

Margaret K. Bickerton
Margaret K. Bickerton, Treasurer

4-23-99

904-268-2291

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)