

FILE NOW: FILING FEE IS \$61.25

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May 15 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **766360** (2)

1. Corporation Name

**FORT CAROLINE CHAPTER #3545 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.**

Principal Place of Business	Mailing Address
C/O FT CAROLINE METH CHURCH 8510 FT CAROLINE RD. JACKSONVILLE FL 32270 US	8510 FT. CAROLINE RD. JACKSONVILLE FL 32277



2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified	12/30/1982
4. FEI Number	95-3789941
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 checked="" 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

**WELCH, GLADYS E**  
**830 ARLINGTON RIVER DR**  
**112 CMMARON APTS**  
**JACKSONVILLE FL 32211**

10. Name and Address of New Registered Agent

81 Name	Mac Innes Audrey E.
82 Street Address (P.O. Box Number is Not Acceptable)	4828 Beacon Dr. West.
83	Jacksonville,
84 City	FL 85 Zip Code 32225

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 *Audrey E. Mac Innes, Treasurer* DATE *4-28-98*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	TD <input checked="" type="checkbox"/> DELETE	1.1 TITLE
NAME	WELCH, GLADYS E	1.2 NAME
STREET ADDRESS	830 ARLTN RIVER DR. #112	1.3 STREET ADDRESS
CITY-ST-ZIP	JACKSONVILLE, FL 00000	1.4 CITY-ST-ZIP
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE
NAME	PENTACOST, SYLVIA	2.2 NAME
STREET ADDRESS	1701 ASHMORE GREEN DR.	2.3 STREET ADDRESS
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE
NAME	HANSON, EDITH	3.2 NAME
STREET ADDRESS	501 N OCEAN ST., #1612	3.3 STREET ADDRESS
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP
TITLE	DS <input type="checkbox"/> DELETE	4.1 TITLE
NAME	HARKEY, ELIZABETH	4.2 NAME
STREET ADDRESS	8331 MANA VISTA ST	4.3 STREET ADDRESS
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE
NAME	TOMLINSON, MARILYN	5.2 NAME
STREET ADDRESS	3635 RIVEREDGE DR	5.3 STREET ADDRESS
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Treasure	
Mac Innes, Audrey E	
4828 Beacon Dr. West	
Jacksonville, F. 32225	

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: *Audrey E. Mac Innes (Audrey E. MacInnes)* DATE *4-28-98* TELEPHONE *904-641-3484*

CR2E037 (10/97)