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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 766360

1. Corporation Name

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

Principal Place of Business

C/O FT CAROLINE METH CHURCH
8510 FT CAROLINE RD.
JACKSONVILLE FL 32270
US

Mailing Address

8510 FT. CAROLINE RD.
JACKSONVILLE FL 32277



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

12/30/1982

4. FEI Number

95-3789941

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

MAC INNES, AUDREY E
4828 BEACON DR WEST
112 CIMMARON APTS
JACKSONVILLE FL 32225

10. Name and Address of New Registered Agent

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 ☐ DELETE

T
NAME MACINNES, AUDREY E
STREET ADDRESS 4828 BEACON DR WEST
CITY-ST-ZIP JACKSONVILLE FL 32225

D
NAME PENTACOST, SYLVIA
STREET ADDRESS 1701 ASHMORE GREEN DR.
CITY-ST-ZIP JACKSONVILLE FL

D
NAME HANSON, EDITH
STREET ADDRESS 501 N OCEAN ST., #1612
CITY-ST-ZIP JACKSONVILLE FL

DS
NAME HARKEY, ELIZABETH
STREET ADDRESS 8331 MANA VISTA ST
CITY-ST-ZIP JACKSONVILLE FL

P
NAME TOMLINSON, MARILYN
STREET ADDRESS 3635 RIVEREDGE DR
CITY-ST-ZIP JACKSONVILLE FL

Marjorie A Ga
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☒ Addition

1.1 TITLE DS
1.2 NAME Gatewood, Marjorie A
1.3 STREET ADDRESS 6011 Peeler Rd S.
1.4 CITY-ST-ZIP Jax. 322 77

2.1 TITLE P
2.2 NAME Moson, Madlen
2.3 STREET ADDRESS 6724 Heidi Rd
2.4 CITY-ST-ZIP Jax. 322 77

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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: *Audrey E MacInnes*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)