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May 06, 1999 8:00 am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # 766873

1. Corporation Name

GREATER KEYSTONE CHAPTER #3555 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business

17702 SIMMS ROAD
 ODESSA FL 33556

Mailing Address

17702 SIMMS ROAD
 ODESSA FL 33556



| | | | | | |
|----------------------------------|--|------------------------|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 02/08/1983 | |
| 22 City & State | | 27 City & State | | 4. FEI Number | |
| 23 Zip | | 28 Zip | | 95-3795770 | |
| 24 Country | | 29 Country | | 30 | |
| 5. Certificate of Status Desired | | | | <input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 6. Election Campaign Financing | | | | <input type="checkbox"/> Trust Fund Contribution | |

9. Name and Address of Current Registered Agent

BINDER, HENRY
 17702 SIMMS ROAD
 ODESSA FL 33556

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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------------|---|-------------------------|
| TITLE | SD | 1.1 TITLE | Pres |
| NAME | GENRE, LARRY | 1.2 NAME | Bruce L. Skinner |
| STREET ADDRESS | 19030 ROGERS ROAD | 1.3 STREET ADDRESS | 18026 Brown Road |
| CITY-ST-ZIP | ODESSA FL 33556 | 1.4 CITY-ST-ZIP | Odessa FL 33556 |
| TITLE | TD | 2.1 TITLE | Treas |
| NAME | BRUCE L. SKINNER | 2.2 NAME | Elsie Skinner |
| STREET ADDRESS | 18026 BROWN RD. | 2.3 STREET ADDRESS | 18026 Brown Road |
| CITY-ST-ZIP | ODESSA FL | 2.4 CITY-ST-ZIP | Odessa FL 33556 |
| TITLE | D | 3.1 TITLE | V P |
| NAME | JACKSON, DOROTHY | 3.2 NAME | A. B. Phillips |
| STREET ADDRESS | 19110 ROGERS RD | 3.3 STREET ADDRESS | 15809 Roadale Ave |
| CITY-ST-ZIP | ODESSA FL 33556 | 3.4 CITY-ST-ZIP | Tampa FL 33625 |
| TITLE | D | 4.1 TITLE | Secy |
| NAME | MAYRE MINARDI | 4.2 NAME | Andrea Flavin |
| STREET ADDRESS | 17504 DARBY LANE | 4.3 STREET ADDRESS | 5516 Pentail Circle |
| CITY-ST-ZIP | LUTZ FL | 4.4 CITY-ST-ZIP | Tampa FL 33625 |
| TITLE | PD | 5.1 TITLE | Director |
| NAME | ELSIE SKINNER | 5.2 NAME | Norbert Luke |
| STREET ADDRESS | 18026 BROWN RD. | 5.3 STREET ADDRESS | 8902 Sheldon West Drive |
| CITY-ST-ZIP | ODESSA FL | 5.4 CITY-ST-ZIP | Tampa FL 33626 |
| TITLE | | 6.1 TITLE | Director |
| NAME | | 6.2 NAME | Alice Price |
| STREET ADDRESS | | 6.3 STREET ADDRESS | 9436 Eddings Road |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | Odessa FL 33556 |

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

4/11/99

813 920-6422

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)