

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 25, 1999 8:00 am**  
**Secretary of State**

02-25-1999 90090 001 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 768326**

1. Corporation Name

**SUWANNEE CHAPTER #3574 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.**

Principal Place of Business  
 P.O. BOX 344, HIGHWAY 349  
 SUWANNEE FL 32692

Mailing Address  
 P.O. BOX 344, HIGHWAY 349  
 SUWANNEE FL 32692



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/09/1983</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>95-3827764</b>	
22 City & State		27 City & State		Applied For Not Applicable	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24 Country		30 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>GULICK, JAMES</b> <b>252 LEON DRIVE</b> <b>SUWANNEE FL 32692</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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 JAMES S. GULICK (NOTE: Registered Agent signature required when reinstating) DATE 20 Jan 1999

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	POHLMAN, JUNE			1.2 NAME			
STREET ADDRESS	MULLET RD. P.O. BOX 13 N/A			1.3 STREET ADDRESS			
CITY-ST-ZIP	SUWANNEE FL 32692-0013			1.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MOORE, FRANK			2.2 NAME			
STREET ADDRESS	PO BOX 298 N/A			2.3 STREET ADDRESS			
CITY-ST-ZIP	SUWANNEE FL 32692-0298			2.4 CITY-ST-ZIP			
TITLE	SD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	HILL, SUSIE			3.2 NAME			
STREET ADDRESS	PO BOX 334 N/A			3.3 STREET ADDRESS			
CITY-ST-ZIP	SUWANNEE FL			3.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		4.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ANSTINE, M. ALVA			4.2 NAME			
STREET ADDRESS	6 & 7 HOLLY AVE.			4.3 STREET ADDRESS			
CITY-ST-ZIP	SUWANNEE FL 32692-0159			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	GULICK, JAMES			5.2 NAME			
STREET ADDRESS	252 LEON DR.			5.3 STREET ADDRESS			
CITY-ST-ZIP	SUWANNEE FL 32692			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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: M. Anstine SIGNATURE REQUIRED: ANSTINE 20 Jan 99 352-542-3446  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (11/98)