NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

**DIVISION OF CORPORATIONS** 

## **FILED** Apr 29, 1999 8:00 am Secretary of State

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PORT ORANGE CHAPTER #3890 OF AMERICAN ASSOCIATIO N OF RETIRED PERSONS, INC.

Principal Place of Business	Mailing Address
LESKO GLBERT C 357 HEARTHSTONE TERR PORT ORANGE FL 32127 US	Lesko gilbert c 357 hearthstone terr Port Orange FL 32127 US



us	E TE SEIE!	US							
2. Principal P	Mace of Business	2a. Mailing Address				Date Incorporated or Qualife	<del></del>		
21		26			(	03/27/1986 _	<u> </u>		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				FEI Number	<del>.</del>	Ap	plied For
22	•	27				33-0103152		No	ot Applicable
City & State	to	City & State		-	5. (	Certificate of Status Desired	⊡ `	\$8.75 / Fee Re	Additional - equired
Zip	Country	Zip	Cour	itry	6. [	Election Campaign Financing	, U	\$5.00	May Be
24	25	29 30	7			Trust Fund Contribution		Added 1	to Fees
	9. Name and Address of Current	Registered Agent				Name and Address of New	Registered	Agent	
				81 Nam	11 10 10 12	R JOSEPH L	· .		
LESKO G	NAFRT C		ł	82 Stree	Address (P.	Address (P.O. Box Number & Not Acceptable)			
	RTHSTONE TERRACE		- (	90	<u> 6 GNG</u>	GRARES PL			
	ANGE FL 32127		Í	83 2	RT OR	4.1/0.2			` [
	ें <sup>क</sup> े विश्व हैं श्री		ł	84 City	RY CZKI	HACKS C			Code
i	新疆是"便";此是"经水"。						FL	- 1 132	127
11. Pursuant	to the provisions of Sections 617.0502 registered agent, or both, in the State of am familiar with, and accept the obligation	and 617.1508, Florida Statutes,	the at	ove name	corporation :	submits this statement for th and of directors. I hereby acco	e purpose of ept the appo	i changing its intment as re	registered gistered
agent. I a	an familiar with, and accept the obligation	ans of, Section 617.0503, Florid	a Statu	tes.			- 10.		1
SIGNATURE	- Torum T	Xecter-				~	27/99		
	Signature, typed or printed/herne of registered egent		13.	Agent signatur	required when rei	DDITIONS/CHANGES TO O	FFICERS AN	ND DIRECTO	RS IN 12
12.	OFFICERS AND	DELETE	1.1 111		<del></del>	DDITIONO/CHIANGEO TO O	1110210	Change	Addition
ΠΤLE	Process	, Date of	1.2 NA		4.				
NAME	PRICE, LEN			NC REET ADDRES					
STREET ADDRESS			ſ	Y-ST-ZIP	Ί				j
CITY-ST-ZIP	PORT ORANGE FL 32119	DELETE	21 111		157	VICE PRESIDE	M	Change	Addition
NAME	VPD   BORLAND SUSAN	<b>/</b>	2.2 NA		TRUE	HE MORRILL	_		j .
STREET ADDRESS				· NEET ACORES		WILD WOOD CA			j.
l	DAYTONA FL	,		Y-ST-ZIP	601	RT ORPHGE 7	้ารารก		
CITY-ST-ZIP	D	DELETE			D-	<u> </u>	<del> </del>	☐ Change	Addition
NAME	SMITH, HOWARD		32 NA	Æ	Resta	UKEN HERMA	Ñ.	. •	
STREET ADDRESS			3.3 511	EET ADDRES	5435	ORDNICE AUG		. +	
CITY-ST-ZIP	PONCE INLET FL		3.4. CI	Y-ST-ZIP	BORS	ORDINGE, 7L3	2127		
TITLE	S	DELETE	4,1 331	E				Change	☐ Addition
NAME	VICKERS, JEAN	-	4.2 N	ME	1				j
STREET ADDRESS	I '		4.3 STI	EET AOORES	:				- 1
CITY-ST-ZIP	NEW SMYRNA BEACH FL		4.4 CIT	Y-ST-ZIP					
TITLE	7	☐ DELETE	5.1 TIT		ASSE	ヤナリ		Change	Addition
NAME	LESKO, GILBERT C		5.2 NA	Æ	1 65K	calculation .			ļ
STREET ADDRESS			5.3 STI	EET ADDRES	357	HEARTHSTONG	s Geri	₹	}
CITY-ST-ZIP	PT ORANGE FL		5.4 CIT	Y-ST-ZIP	PTC	RANCE 74			
TITLE	DVP	☐ DELETE	6.1 TII	E	TREBE	april		Change	Addition
NAME	TUCKER, JOSEPH	1	6.2 NA	E.	Tuer	cer Joseph	•		1
STREET ADDRESS			8.3 ST	EET ADDRES	2066	SNCON TREE	PL		1
CITY-ST-ZIP	PT ORANGE FL		6.4 CIT	Y-ST-ZIP	pr	ORANGE, 76.32	127		

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119,07(3)(i), Florida Statutes, it turner 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 certify 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.

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