

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 27 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 # **N20109** (7)  
1. Corporation Name  
**SANTA ROSA COUNTY CHAPTER #4018 OF AMERICAN ASSO  
CIATION OF RETIRED PERSONS, INC.**



Principal Place of Business <b>C/O MYREE MARTIN 2800 MYREE LANE MILTON FL 32571-9708 US</b>	Mailing Address <b>C/O MYREE MARTIN 2800 MYREE LANE MILTON FL 32571-9708 US</b>
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3. Date Incorporated or Qualified <b>04/13/1987</b>
4. FEI Number <b>33-0196810</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" 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

2. Principal Place of Business <b>21 70 Rudy Hubbard Suite, Apt. #, etc. 22 PO Box 843 City &amp; State 23 MILTON FL Zip 24 32572</b>	2a. Mailing Address <b>25 Same as 21 Suite, Apt. #, etc. 27 City &amp; State 28 Zip 29 Country 30 USA</b>
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9. Name and Address of Current Registered Agent <b>TALIAFERRO, RICHARD 5 POLARIS DR 2800 MYREE LANE MILTON, FL 32570</b>	10. Name and Address of New Registered Agent <b>81 Name RUDY HUBBARD 82 Street Address (P.O. Box Number is Not Acceptable) PO Box 843 83 84 City MILTON FL 85 Zip Code 32572</b>
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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 **RUDY HUBBARD** (NOTE: Registered Agent signature required when reinstating) **1-28-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<b>TALIAFERRO, RICHARD</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>P</b>	<b>RUDY HUBBARD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>5 POLARIS DR</b>	1.2 NAME	<b>PO BOX 843</b>
STREET ADDRESS	<b>MILTON FL</b>	1.3 STREET ADDRESS	<b>MILTON FL 32572</b>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE <b>D</b>	<b>DAVIS, CLAY</b> <input type="checkbox"/> DELETE	2.1 TITLE <b>VP</b>	<b>MURIEL JONES</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>5225 ROWE TR</b>	2.2 NAME	<b>5531 ROMMEL RD</b>
STREET ADDRESS	<b>MILTON FL</b>	2.3 STREET ADDRESS	<b>MILTON FL 32570</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE <b>D</b>	<b>KOHKENHOFER, RALPH</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>S</b>	<b>PHYLLIS CONNERLEY</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>5595 WESLEY DR</b>	3.2 NAME	<b>7781 LAKESIDE DR</b>
STREET ADDRESS	<b>MILTON FL</b>	3.3 STREET ADDRESS	<b>MILTON FL 32583</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE <b>S</b>	<b>BUTLER, KEITH</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE <b>D</b>	<b>DON CARTER</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>133 SPRINGDALE DR</b>	4.2 NAME	<b>5149 HAMILTON LN</b>
STREET ADDRESS	<b>MILTON FL</b>	4.3 STREET ADDRESS	<b>MILTON FL 32571</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE <b>T</b>	<b>GOULD, ROBERTA</b> <input type="checkbox"/> DELETE	5.1 TITLE <b>D</b>	<b>KEITH BUTLER</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>3649 MISTY WOOD CR</b>	5.2 NAME	<b>133 SPRINGDALE DR</b>
STREET ADDRESS	<b>PACE FL</b>	5.3 STREET ADDRESS	<b>MILTON FL 32570</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE <b>D</b>	<b>MARTIN, MYREE</b> <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	<b>2800 MYREE LANE</b>	6.2 NAME	
STREET ADDRESS	<b>MILTON FL</b>	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.

SIGNATURE **RUDY HUBBARD** **1-28-98**

CR2E037 (10/97)