

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90050 042 ****61.25

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DOCUMENT # N20109

1. Corporation Name

**SANTA ROSA COUNTY CHAPTER #4018 OF AMERICAN ASSO
CIATION OF RETIRED PERSONS, INC.**

Principal Place of Business

C/O RUBY HUBBARD
P O BOX 843
MILTON FL 32572
US

Mailing Address

C/O RUBY HUBBARD
P O BOX 843
MILTON FL 32572
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

04/13/1987

4. FEI Number

33-0196810

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

HUBBARD, RUBY
P O BOX 843
2800 MYREE LANE
MILTON FL 32572

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

TITLE ☐ DELETE
NAME HUBBARD, RUBY
STREET ADDRESS P O BOX 843
CITY-ST-ZIP MILTON FL 32572

TITLE ☒ DELETE
NAME VP JONES, MURIEL
STREET ADDRESS 5531 ROMMEL RD
CITY-ST-ZIP MILTON FL 32579

TITLE ☒ DELETE
NAME D KOHKENHOFER, RALPH
STREET ADDRESS 5595 WESLEY DR
CITY-ST-ZIP MILTON FL

TITLE ☐ DELETE
NAME D CARTER, DON
STREET ADDRESS 5149 HAMILTON LN
CITY-ST-ZIP MILTON FL 32571

TITLE ☐ DELETE
NAME D BUTLER, KEITH
STREET ADDRESS 133 SPRINGDALE DR
CITY-ST-ZIP MILTON FL 32570

TITLE ☐ DELETE
NAME D MARTIN, MYREE
STREET ADDRESS 2800 MYREE LANE
CITY-ST-ZIP MILTON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME D WILSON LUTHER
1.3 STREET ADDRESS 5834 CREPE MYRTLE LN
1.4 CITY-ST-ZIP MILTON, FL 32570

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME D RON GROVE
2.3 STREET ADDRESS 5985 RIDGECREST CIR
2.4 CITY-ST-ZIP MILTON, FL 32570

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME D ROBERT HAYDEN
3.3 STREET ADDRESS 5409 POND VIEW LN
3.4 CITY-ST-ZIP MILTON, FL 32570

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME D MURIEL JONES
4.3 STREET ADDRESS 5531 ROMMEL RD
4.4 CITY-ST-ZIP MILTON, FL 32579

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME D GERALDINE MEADOW
5.3 STREET ADDRESS 4040 ANDISS RD
5.4 CITY-ST-ZIP MILTON FL 32570

6.1 TITLE ☐ Change ☐ Addition
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:

Katherine Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-99

Date

850 626-0650

Daytime Phone #

CR2E037 (11/98)