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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N20292

1. Corporation Name

**DELAND CHAPTER #4029 OF AMERICAN ASSOCIATION OF
RETIRED PERSONS, INC.**

Principal Place of Business

**429 W PENNA AVE
DELAND FL 32720
US**

Mailing Address

**429 W PENNA AVE
DELAND FL 32720
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

04/22/1987

4. FEI Number

33-0192400

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

**MORELOCK, HELEN
400 E HOWRY AVE
DELAND FL 32724**

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

(NOT Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**PD
NAME MORELOCK, HELEN
STREET ADDRESS 400 W HOWRY AVE, #502
CITY-ST-ZIP DELAND FL**

TITLE ☒ DELETE

**VD
NAME CREECH, JEAN
STREET ADDRESS 450 N McDONALD AVE
CITY-ST-ZIP DELAND FL**

TITLE ☐ DELETE

**SD
NAME KELLEY, MARY LOIS
STREET ADDRESS 821 S AMELIA AVE
CITY-ST-ZIP DELAND FL 32724**

TITLE ☐ DELETE

**TD
NAME AMMON, MARY E.
STREET ADDRESS 429 W PENNA AVE
CITY-ST-ZIP DELAND FL**

TITLE ☐ DELETE

**D
NAME BERGMAN, AL
STREET ADDRESS 526 HEMINGWAY CT
CITY-ST-ZIP DELAND FL 32720**

TITLE ☐ DELETE

**D
NAME MOORE, BETTY
STREET ADDRESS 171 N HILL AVE
CITY-ST-ZIP DELAND FL 32724**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**VD
JOAN KILMER COLE
101 AMELIA AVE. #1404
DE LAND, FL 32724**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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:

Helen G. Morelock
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HELEN G. MORELOCK

Date

APRIL 10, 1999

Daytime Phone

CR2E037 (11/98)