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Jul 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N22512** (0)

1. Corporation Name

PANAMA CITY BEACH CHAPTER #4062 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.



Principal Place of Business OATFIELD, LILY W 123 BID-A-WEE LN PANAMA CITY BEACH FL 32413 US	Mailing Address OATFIELD, LILY W 123 BID-A-WEE LN PANAMA CITY BEACH FL 32413 US
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3. Date Incorporated or Qualified 09/16/1987
4. FEI Number 33-0192600
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Frank Brown Park Suite, Apt. #, etc.	2a. Mailing Address 26 See above Suite, Apt. #, etc.
22 16200 W. Highway 98 City & State	27 City & State
23 Panama City Beach, Fl	28
24 32413 Zip 25 US Country	29 Zip 30 Country

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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 checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent OATFIELD, LILY W 123 BID-A-WEE LN PANAMA CITY BEACH FL 32413	
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10. Name and Address of New Registered Agent	
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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	1V
NAME	ANKNEY, DEE	1.2 NAME	Norman Miclette
STREET ADDRESS	112 FIRWAY BLVD #101	1.3 STREET ADDRESS	313 Jasmine Place
CITY-ST-ZIP	PANAMA CITY BCH FL 32407	1.4 CITY-ST-ZIP	Panama City Beach, Fl 32413
TITLE	2V	2.1 TITLE	T
NAME	PENTZER, MILTON	2.2 NAME	Dolores Miclette
STREET ADDRESS	213 GREENWOOD DR	2.3 STREET ADDRESS	313 Jasmine Place
CITY-ST-ZIP	PANAMA CITY BCH FL 32407	2.4 CITY-ST-ZIP	Panama City Beach, Fl 32413
TITLE	D	3.1 TITLE	S
NAME	PERKINS, OFIE D	3.2 NAME	Eloise Cox
STREET ADDRESS	141 CINDY LANE	3.3 STREET ADDRESS	107 Bid-A-Wee Lane
CITY-ST-ZIP	PANAMA CITY BEACH FL 32407	3.4 CITY-ST-ZIP	Panama City Beach, Fl 32413
TITLE	D	4.1 TITLE	D
NAME	STRICKLAND, JAMES	4.2 NAME	Lillian Strickland
STREET ADDRESS	21511 DOLPHIN AVE	4.3 STREET ADDRESS	21511 Dolphin Ave
CITY-ST-ZIP	PANAMA CITY BCH FL 32413	4.4 CITY-ST-ZIP	Panama City Beach, Fl 32413
TITLE	P	5.1 TITLE	
NAME	OATFIELD, LILY W	5.2 NAME	
STREET ADDRESS	123 BID-A-WEE LN	5.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32413	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	RANDALL, WILLIAM	6.2 NAME	
STREET ADDRESS	5801 THOMAS DR APT 1123	6.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY BCH FL 32408	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: *Lily W. Oatfield* 7/10/98 330-6370

CR2E037 (10/97)