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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N22512					
1. Corporation Name PANAMA CITY BEACH CHAPTER #4062 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.					
Principal Place of Business FRANK BROWN PARK 16200 W HIGHWAY 98 PANAMA CITY BEACH FL 32413 US			Mailing Address OATFIELD, LILY W 123 BID-A-WEE LN PANAMA CITY BEACH FL 32413 US		



2. Principal Place of Business 423 Lyndell Lane		2a. Mailing Address 200 Argonaut St.		3. Date Incorporated or Qualified 09/16/1987	
21. Suite, Apt. #, etc. Panama City Beach, FL		2b. Suite, Apt. #, etc. Panama City Beach, FL		4. FEI Number 33-0192600	
22. City & State 32413		27. City & State 32413		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip US		28. Zip US		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Country		29. Country		30. Trust Fund Contribution	

9. Name and Address of Current Registered Agent OATFIELD, LILY W 123 BID-A-WEE LN PANAMA CITY BEACH FL 32413				10. Name and Address of New Registered Agent			
				81. Name Donald Petersen			
				82. Street Address (P.O. Box Number is Not Acceptable) 200 Argonaut St.			
				83. City Panama City Beach			
				84. State FL			
				85. Zip Code 32413			
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 <i>Donald E. Petersen</i>				DATE 3-24-99			
<small>Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>							

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE V <input checked="" type="checkbox"/> DELETE				1.1 TITLE P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME MICLETTE, NORMAN				1.2 NAME Donald Petersen			
STREET ADDRESS 313 JASMINE PLACE				1.3 STREET ADDRESS 200 Argonaut St.			
CITY-ST-ZIP PANAMA CITY BCH FL 32413				1.4 CITY-ST-ZIP Panama City Beach, FL. 32413			
TITLE T <input type="checkbox"/> DELETE				2.1 TITLE V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME MICLETTE, DOLORES				2.2 NAME Milton Pentzer			
STREET ADDRESS 313 JASMINE PLACE				2.3 STREET ADDRESS 213 Greenwood Dr.			
CITY-ST-ZIP PANAMA CITY BCH FL 32413				2.4 CITY-ST-ZIP Panama City Beach, FL. 32407			
TITLE S <input checked="" type="checkbox"/> DELETE				3.1 TITLE S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME COX, ELOISE				3.2 NAME Carrie Harrison			
STREET ADDRESS 107 BID A WEE LANE				3.3 STREET ADDRESS 2119 Dorothy Ave..			
CITY-ST-ZIP PANAMA CITY BEACH FL 32413				3.4 CITY-ST-ZIP Panama City Beach, FL 32408			
TITLE D <input type="checkbox"/> DELETE				4.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME STRICKLAND, LILLIAN				4.2 NAME John Oatfield			
STREET ADDRESS 21511 DOLPHIN AVENUE				4.3 STREET ADDRESS 123 Bid-A-Wee Lane			
CITY-ST-ZIP PANAMA CITY BCH FL 32413				4.4 CITY-ST-ZIP Panama City Beach, FL. 32413			
TITLE * D change <input type="checkbox"/> DELETE				5.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME OATFIELD, LILY W				5.2 NAME Helen Hellett			
STREET ADDRESS 123 BID-A-WEE LN				5.3 STREET ADDRESS 2505 Shady Oak Ct.			
CITY-ST-ZIP PANAMA CITY BEACH FL 32413				5.4 CITY-ST-ZIP Panama City Beach, FL 32408			
TITLE D <input type="checkbox"/> DELETE				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
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, with all other like empowered.

SIGNATURE: *Donald E. Petersen* **DATE:** **02/16/99** **PHONE:** **(850) 230-9434**

CR2E037 (11/98)