

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N25377 (5)**

1. Corporation Name

**DOWNTOWN ORLANDO CHAPTER #4149 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.**



Principal Place of Business

Mailing Address

% WM. H. EINSIEDEL, JR.  
1815 E. KALEY AVENUE  
ORLANDO FL 32806

% WM. H. EINSIEDEL, JR.  
1815 E. KALEY AVENUE  
ORLANDO FL 32806

3. Date Incorporated or Qualified  
**03/14/1988**

3a. Date of Last Report  
**04/20/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip Country

29 Zip Country

4. FEI Number  
**33-0214355**

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EINSIEDEL, WM. H JR  
1815 E. KALEY AVENUE  
ORLANDO FL 32806

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 of application

(NOTE: Registered Agent signature required when renataing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ B ☐ P ☐ DELETE  
NAME EINSIDEL, WM H  
STREET ADDRESS 1815 E. KALEY AVENUE  
CITY-ST-ZIP ORLANDO FL 32806

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

TITLE ☒ M ☐ V ☐ DELETE  
NAME MARTINO, SIDNEY  
STREET ADDRESS 7121 SUGARBIN STREET  
CITY-ST-ZIP ORLANDO FL 3282

21 TITLE ☒ Change ☐ Addition  
22 NAME **F.J. Peter Peterka**  
23 STREET ADDRESS **4527 Brondeis Ave.**  
24 CITY-ST-ZIP **Orlando Florida 32839**

TITLE ☐ S ☐ DELETE  
NAME BALDWIN, DOROTHY  
STREET ADDRESS 1851 GREEN MEADOW LANE  
CITY-ST-ZIP ORLANDO FL 32825

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE ☐ T ☐ DELETE  
NAME BALDWIN, MILES S  
STREET ADDRESS 1851 GREEN MEADOW LANE  
CITY-ST-ZIP ORLANDO FL 32825

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE ☐ D ☐ DELETE  
NAME CRAWFORD, GEORGE C  
STREET ADDRESS 3210 ALBERT DRIVE  
CITY-ST-ZIP ORLANDO FL 32806

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE ☐ D ☐ DELETE  
NAME FURGINSON, RUBY  
STREET ADDRESS 1125 AYSHIRE STREET  
CITY-ST-ZIP ORLANDO FL 32803

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: William H. Einsiedel Jr., President 1-16-96 (407) 894-8150

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William H. Einsiedel, Jr., President

CR2E037 (12/95)