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May 10, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N30092 VOK**

1. Corporation Name
**MEXICO BEACH, FLORIDA CHAPTER #4325
 OF AMERICAN ASSOCIATION OF RETIRED
 PERSONS**

Principal Place of Business CHAMBER OF COMMERCE 105 N. 31ST ST. MEXICO BEACH, FL 32410 US	Mailing Address P.O. BOX 13347 MEXICO BEACH FL 32410
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2. Principal Place of Business 21	2a. Mailing Address 26 P.O. Box 13394	3. Date Incorporated or Qualified 01/09/1989
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 94-3062234
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 29	Country 30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PFOST, DOT
 108 29TH ST. P.O. BOX 13148
 MEXICO BEACH, FL 32410**

81 Name WHEELER, BETTE	85 Zip Code 32410
82 Street Address (P.O. Box Number is Not Acceptable) 113 N 32ND ST	
83 P.O. Box P.O. Box 13422	
84 City MEXICO BEACH FL	

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 **BETTE WHEELER, PRESIDENT Bette Wheeler** **5/7/99**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME PFOST, DOT		1.2 NAME WHEELER, BETTE	
STREET ADDRESS 108 29TH ST P.O. BOX 13148		1.3 STREET ADDRESS 113 N 32ND ST P.O. BOX 13422	
CITY-ST-ZIP MEXICO BEACH 32410		1.4 CITY-ST-ZIP MEXICO BEACH FL 32410	
TITLE S	<input checked="" type="checkbox"/> DELETE	2.1 TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SOLAR, BIRDEAN		2.2 NAME TERRIE WHITE	
STREET ADDRESS P.O. BOX 13813		2.3 STREET ADDRESS 507 GEORGIA AVE.	
CITY-ST-ZIP MEXICO BEACH FL 32410		2.4 CITY-ST-ZIP MEXICO BEACH FL 32410	
TITLE P	<input checked="" type="checkbox"/> DELETE	3.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME WILSON, ALICE		3.2 NAME PFOST, DOT	
STREET ADDRESS 105 S. 27TH ST		3.3 STREET ADDRESS 108 29TH ST	
CITY-ST-ZIP MEXICO BEACH FL 32410		3.4 CITY-ST-ZIP MEXICO BEACH FL 32410	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCHWEIKERT, LOUISE		4.2 NAME 	
STREET ADDRESS 110 21ST ST.		4.3 STREET ADDRESS 	
CITY-ST-ZIP MEXICO BEACH, FL 32410		4.4 CITY-ST-ZIP 	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LEHMAN, PATRICIA		5.2 NAME 	
STREET ADDRESS 8109 ALABAMA AVE		5.3 STREET ADDRESS 	
CITY-ST-ZIP PORT ST JOE, FL 32456		5.4 CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> DELETE	6.1 TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		6.2 NAME 	
STREET ADDRESS 		6.3 STREET ADDRESS 	
CITY-ST-ZIP 		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: **BETTE WHEELER Bette Wheeler** **5/7/99 850-648-8745**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)