

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90009 025 ****61.25

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DOCUMENT # N30637

1. Corporation Name

**LABELLE CHAPTER #4351 OF AMERICAN ASSOCIATION OF
RETIRED PERSONS, INC.**

Principal Place of Business

C/O ROSALIE HILLIARD
595 SABAL PALM CT
LA BELLE FL 33935
US

Mailing Address

C/O ROSALIE HILLIARD
595 SABAL PALM CT
LA BELLE FL 33935
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

02/10/1989

4. FEI Number

65-0165991

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

HILLIARD, ROYCE
595 SABAL PALM CT
LA BELLE FL 33935

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D**
NEWTON, SAM
STREET ADDRESS **120 NORTH RIVERVIEW STREET**
CITY-ST-ZIP **LA BELLE FL**

TITLE ☐ DELETE

NAME **SD**
CRITZER, LENNA
STREET ADDRESS **890 E LINCOLN AVE**
CITY-ST-ZIP **LABELLE FL 33935**

TITLE ☐ DELETE

NAME **DT**
RISLEY, JOSEPH
STREET ADDRESS **PO BOX 433 N/A**
CITY-ST-ZIP **LA BELLE FL 33935**

TITLE ☐ DELETE

NAME **DC**
MARSTON, JUNE
STREET ADDRESS **1319 HULL ST**
CITY-ST-ZIP **LA BELLE FL 33935**

TITLE ☐ DELETE

NAME **BM**
HILLIARD, ROSALIE
STREET ADDRESS **595 SABAL PALM CT**
CITY-ST-ZIP **LA BELLE FL 33935**

TITLE ☐ DELETE

NAME **BM**
HEWTON, DOROTHY
STREET ADDRESS **120 N RIVERVIEW ST**
CITY-ST-ZIP **LABELLE FL 33935**

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

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:

R. Hilliard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941-675-3026

CR2E037 (11/98)