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Mar 16 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 # **N41691** (9)

1. Corporation Name

EAST NASSAU COUNTY-FLORIDA CHAPTER #4608 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.



Principal Place of Business C/O W.R. HARTSHORN 150 IBIS CT FERNANDINA BEACH FL 32034 US	Mailing Address C/O W.R. HARTSHORN 150 IBIS CT FERNANDINA BEACH FL 32034 US
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3. Date Incorporated or Qualified 01/14/1991	
4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State 22	City & State 27
Zip 23	Country 28
Country 24	Zip 29
Country 25	Zip 30

9. Name and Address of Current Registered Agent MEGNA, JOHN P. 631 TARPON AVENUE #6402 FERNANDINA BEACH FL 32034	
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10. Name and Address of New Registered Agent	
81 Name WILLIAM HARTSHORN	
82 Street Address (P.O. Box Number is Not Acceptable) 150 IBIS CT	
83	
84 City FERNANDINA BEACH FL	85 Zip Code 32034

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 **WILLIAM HARTSHORN** *William R. Hartshorn* 3/11/98
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 P	<input checked="" type="checkbox"/> DELETE
NAME MEGAN, JOHN P.	
STREET ADDRESS 631 TARPON AVENUE #6402	
CITY-ST-ZIP FERNANDINA BEACH FL	
TITLE S	<input checked="" type="checkbox"/> DELETE
NAME HILLMAN PAULA	
STREET ADDRESS 315 S 7TH ST	
CITY-ST-ZIP FERNANDINA BEACH FL	
TITLE T	<input type="checkbox"/> DELETE
NAME HARTSHORN, WILLIAM	
STREET ADDRESS 150 IBIS COURT	
CITY-ST-ZIP FERNANDINA BEACH FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME MURPHY, CRICKET	
STREET ADDRESS 1774 MARINERS WALK	
CITY-ST-ZIP FERNANDINA BEACH FL	
TITLE D	<input type="checkbox"/> DELETE
NAME COSLICK, FLORENCE	
STREET ADDRESS 405 S 17TH STREET	
CITY-ST-ZIP FERNANDINA BEACH FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME TOM WILLIAMS	
1.3 STREET ADDRESS 3547 VONTZ WAY	
1.4 CITY-ST-ZIP CALLAHAN, FL 32011	
2.1 TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME FAY JONES	
2.3 STREET ADDRESS 1623 LISA AVE	
2.4 CITY-ST-ZIP FERNANDINA BEACH, FL 32034	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME JOHN MEGNA	
4.3 STREET ADDRESS 631 TARPON AVE #6402	
4.4 CITY-ST-ZIP FERNANDINA BEACH, FL 32034	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME ANNIE P. LAWRENCE	
6.3 STREET ADDRESS 1650 N. FLETCHER	
6.4 CITY-ST-ZIP FERNANDINA BEACH, FL 32034	

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 *William R. Hartshorn* 3/11/98

CR2E037 (1097)