**NONPROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## **DOCUMENT # N41691**

1. Corporation Name

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

Principal	Place of Busines	S
C/O W.R. 150 (BIS	HARTSHORN CT	
FERNAND	INA BEACH FL 32	20.
US		

Mailing Address

C/O W.R. HARTSHORN 150 IBIS CT

FERNANDINA BEACH FL 32034

## Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90034 038 \*\*\*\*61.25

2.	2. Principal Place of Business		2a. Mailing Address					rated or Qualifed					
21	26			01/14/1991			71						
	Suite, Apt. #, etc.			4. FEI Number NOT APPLICAB		LICABLE		— — — · · ·	lied For				
22		27						NUT AFF	LICADLE			Applicable	
23	City & State City & State						5. Certifcate of	Status Desired		<b>\$8.75</b> Ad Fee Req			
	Zip	Country	Zip		Country			6. Election Carr	npaign Financing		\$5.00 A	lav Be	
24	Z IP	25	29	30				Trust Fund C			Added to		
24		9. Name and Address of Current	<u> </u>						ddress of New R	Registered	Agent		
Hallia bun unnigge et emitett treffere en Saut					81	Name	1						
HARTSHORN, WILLIAM					82 Street Address (P.O. Box Number is Not Acceptable)								
	150 IBIS C				83	83							
	FERNAND	NA BEACH FL 32034											
					84	City				FL	85 Zip C	ode	
11	Pursuant t	o the provisions of Sections 617.0502	and 617.1508, FI	orida Statutes, t	he above	-named	corpor	ration submits this	statement for the	purpose of	changing its r	egistered	
	11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Fiorida 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.												
	-		oris or, occurring	77.0000, 7101102	Cigidios	•						ļ	
SI	GNATURE .	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Regi	istered Agen	t signature	required v	when reinstating)		DATE			
12		OFFICERS AND			13.			ADDITIONS/C	HANGES TO OF	FICERS A	ND DIRECTOR	RS IN 12	
ш	E	P	>	DELETE	1.1 TITLE		V				Change	Addition	
NAA		WILLIAMS, TOM			1.2 NAME		RI	SNER, C	aryl				
	EET ADDRESS	3547 VONTZ WY			1.3 STREET	ADDRESS	210	OO MIZEL	ie st a	PT 50.	2A		
1	Y-ST-ZIP	CALLAHAN FL 32011			1,4 CITY-S		FE	RNANDINA	BEACH . F	ニン 3	2034		
TITI		S		DELETE	2.1 TITLE						☐ Change	☐ Addition	
NAI		JONES, FAY			2.2 NAME	-			* *				
	EET ADDRESS	1623 LISA AVE	,	•	2.3 STREET	ADDRESS	,						
		FERNANDINA BEACH FL 32034			2.4 CITY-S								
III	Y-ST-ZIP	T		DELETE	3.1 TITLE		1				Change	☐ Addition	
NAN	ļ.	HARTSHORN, WILLIAM			3.2 NAME								
l		150 IBIS COURT			3.3 STREET	r Annpess							
1	REET ADDRESS	FERNANDINA BEACH FL			3.4. CITY-S		1						
CIT	Y-ST-ZIP	D		DELETE	4.1 TITLE	1-21	+		······································	<u> </u>	Change	☐ Addition	
		<u></u>	_		4.2 NAME							İ	
NAN	1	MEGNA, JOHN 631 TARPON AVE SUITE 6402			4.2 STREET	ADDDESS							
	EET ADDRESS						'						
<b>)</b>	Y-ST-ZIP	FERNANDINA BEACH FL 32034	15	DELETE	4.4 CITY-S	1-4F	D				Change	Addition	
TITT		D COCHER ELOBERCE	<b>F</b>	z >	5.2 NAME		PE	TERSON,	RONALD		_ '		
NAI		COSLICK, FLORENCE		•	5.3 STREET	CADDRESS	1/6	36 HIGH	LAND ST	•			
1	REET ADDRESS	405 S 17TH STREET			5.4 CITY-S		ص عرا	RNANDINI	4 BCACH	C1 7	เอกรป		
	Y-ST-ZIP	FERNANDINA BEACH FL		DELETE	6.1 TITLE	1-48	10	NIVANVINI	- Denck,	10 3	Change	Addition	
मा		D	<i>&gt;</i>	A DECEIE	6.2 NAME		ไกร	AN, LARI	a V		_,90	~	
NA		LAWRENCE, ANNIE P			6.3 STREET	r ADDDERG	שע	68 MARII	JEDE WAL	ν			
STF	REET ADDRESS	1650 N FLETCHER		I			'  []	ואארוי סט	VCKS WILL	<u>`</u> , .			
cm	Y-ST-ZIP	FERNANDINA BEACH FL 32034			6.4 CITY-S	T-ZIP	FE	RNANDINA	+ <i>DEHCH</i> ,	FL ?	7d034		

14. 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.