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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N46162

1. Corporation Name

PORT ST. JOHN/BREVARD COUNTY CHAPTER #4696 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business

6027 CARDIFF
COCOA FL 32927
US

Mailing Address

6027 CARDIFF
COCOA FL 32927
US



2. Principal Place of Business

21 5980 GILSON AV.
Suite, Apt. #, etc.

22

City & State
23 COCOA FL.

Zip Country
24 32927-8129 25 U.S.

2a. Mailing Address

26 5980 GILSON AV.
Suite, Apt. #, etc.

27

City & State
28 COCOA FL.

Zip Country
29 32927-8129 30 U.S.

3. Date Incorporated or Qualified

11/21/1991

4. FEI Number

52-1707919

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

BIGOS EDWARD J.
BIGOS, EDWARD J
6027 CARDIFF
COCOA FL 32927

10. Name and Address of New Registered Agent

81 Name
LOREN E. SWINEHART
82 Street Address (P.O. Box Number is Not Acceptable)
5980 GILSON AV.
83 COCOA FL.
84 City
COCOA FL 85 Zip Code
32927

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

LOREN E. SWINEHART *Loren E. Swinehart*

3-16-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CLAYTON, ANN M	
STREET ADDRESS	7260 PLUTO AVE	
CITY-ST-ZIP	COCOA FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SWINEHART, LOREN E	
STREET ADDRESS	5980 GILSON AVE	
CITY-ST-ZIP	COCOA FL 32927	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HOSMER, JENNIE	
STREET ADDRESS	502 SEACREST AVE	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BIGOS, EDWARD S	
STREET ADDRESS	6027 CARDIFF	
CITY-ST-ZIP	COCOA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JACKSON, DOROTHY	
STREET ADDRESS	6210 ARBOR AVE	
CITY-ST-ZIP	COCOA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LOREN E. SWINEHART	
1.3 STREET ADDRESS	5980 GILSON AV.	
1.4 CITY-ST-ZIP	COCOA FL. 32927-8129	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BRIDITTE SULLIVAN	
2.3 STREET ADDRESS	BRIGITTE SULLIVAN	
2.4 CITY-ST-ZIP	6280 AINSWORTH RD. COCOA FL. 32927	
3.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JENNIE HOSMER	
3.3 STREET ADDRESS	502 SEACREST AVE.	
3.4 CITY-ST-ZIP	MERRITT ISLAND FL. 32952	
4.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	EDWARD S. BIGOS	
4.3 STREET ADDRESS	6027 CARDIFF	
4.4 CITY-ST-ZIP	COCOA FL 32927	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	URSALA FORDE	
5.3 STREET ADDRESS	6300 GOLFVIEW AVE.	
5.4 CITY-ST-ZIP	COCOA FL. 32927	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: LOREN E. SWINEHART *Loren E. Swinehart*

Date

Daytime Phone #

(407) 636-9616

CR2E037 (11/98)