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Jun 01 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 # N49106 (0)
1. Corporation Name
NATIONAL ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business 4905 34TH ST. SOUTH SUITE 5500 ST. PETERSBURG FL 33711	Mailing Address 4905 34TH ST. SOUTH SUITE 5500 ST. PETERSBURG FL 33711
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
**MORGAN, RILEY E.
4905 34TH ST. SOUTH
SUITE 5500
ST. PETERSBURG FL 33711**

3. Date Incorporated or Qualified 05/28/1992	4. FEI Number 59-3126585	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	NAME
PD	MORGAN, RILEY E.
STREET ADDRESS	4905 34TH ST. S. #5500
CITY-ST-ZIP	ST. PETERSBURG FL 33711
TITLE	NAME
SD	MORGAN, LORI
STREET ADDRESS	4905 34TH ST. S. #5500
CITY-ST-ZIP	ST. PETERSBURG FL 33711
TITLE	NAME
D	CORDER, GEORGE
STREET ADDRESS	ROUTE 6, BOX 388
CITY-ST-ZIP	KEMP TX 75143
TITLE	NAME
DR	BEN CONISKY
STREET ADDRESS	146 HARBOR
CITY-ST-ZIP	GUN BARREL CITY TX 75147
TITLE	NAME
TITLE	NAME
TITLE	NAME

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	1.2 NAME
1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
2.1 TITLE	2.2 NAME
2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
3.1 TITLE	3.2 NAME
3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
4.1 TITLE	4.2 NAME
4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
5.1 TITLE	5.2 NAME
5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
6.1 TITLE	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.

SIGNATURE: *Riley E Morgan* 5/26/98 903-887-8205

CR2E037 (10/97)