

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

APPROPRIATE  
FILED

99 AUG -5 PM 4:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # N49106

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



|                                |  |                        |  |  |  |
|--------------------------------|--|------------------------|--|--|--|
| 2. Principal Place of Business |  | 2a. Mailing Address    |  | 3. Date Incorporated or Qualified  |  |
| 21 Suite, Apt. #, etc.         |  | 26 Suite, Apt. #, etc. |  | 05/28/1992   |  |
| 22 City & State                |  | 27 City & State        |  | 4. FEI Number  |  |
| 23 Zip                         |  | 28 Zip                 |  | 59-3126585   |  |
| 24 Country                     |  | 29 Country             |  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |  |
|                                |  |                        |  | 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees      |  |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MORGAN, RILEY E.  
4905 34TH ST. SOUTH  
SUITE 5500  
ST. PETERSBURG FL 33711

|   |             |
|---|-------------|
| 81 Name   | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83  |             |
| 84 City   | FL          |

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 |                          | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--------------------------|---|---|
| TITLE                      | PD                       | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MORGAN, RILEY E.         | 1.2 NAME  |   |
| STREET ADDRESS             | 4905 34TH ST. S. #5500   | 1.3 STREET ADDRESS                                    | 200002959512--9   |
| CITY-ST-ZIP                | ST. PETERSBURG FL 33711  | 1.4 CITY-ST-ZIP                                       | -08/13/99--01086--014   |
| TITLE                      | SD                       | 2.1 TITLE   | *****17.50 *****17.50   |
| NAME                       | MORGAN, LORI             | 2.2 NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             | 4905 34TH ST. S. #5500   | 2.3 STREET ADDRESS                                    | 200002929512--6   |
| CITY-ST-ZIP                | ST. PETERSBURG FL 33711  | 2.4 CITY-ST-ZIP                                       | -08/13/99--01086--015   |
| TITLE                      | D                        | 3.1 TITLE   | *****61.25 *****61.25   |
| NAME                       | CORDER, GEORGE           | 3.2 NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             | ROUTE 6, BOX 388         | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | KEMP TX 75143            | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D                        | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | COMISKY, BEN             | 4.2 NAME  |   |
| STREET ADDRESS             | 146 HARBOR               | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | GUN BARREL CITY TX 75147 | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                          | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                          | 5.2 NAME  |   |
| STREET ADDRESS             |                          | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                          | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                          | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                          | 6.2 NAME  |   |
| STREET ADDRESS             |                          | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                          | 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/30/99

Daytime Phone #

1-888-432-6277

CR2E037 (5/99)