

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90047 010 ****61.25

DOCUMENT # N92000000079

1. Corporation Name

EAST HERNANDO CHAPTER #4765 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business

C/O ARTHUR BOEHLING
30435 PARK RIDGE DR.
BROOKSVILLE FL 34602
US

Mailing Address

30435 PARK RIDGE DRIVE
BROOKSVILLE FL 34602



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

11/02/1992

4. FEI Number

NOT APPLICABLE

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

BOEHLING, ARTHUR H
30435 PARK RIDGE DRIVE
BROOKSVILLE FL 34602

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

TITLE PD ☐ DELETE
NAME MOCKLER, BETTY
STREET ADDRESS 7130 LEXINGTON CIRCLE
CITY-ST-ZIP BROOKSVILLE FL 34602

TITLE VD ☐ DELETE
NAME BOEHLING, ARTHUR H.
STREET ADDRESS 30435 PARK RIDGE DRIVE
CITY-ST-ZIP BROOKSVILLE FL 34602

TITLE SD ☐ DELETE
NAME FANITNE, RITA
STREET ADDRESS 6383 SHADYWOOD LANE
CITY-ST-ZIP BROOKSVILLE FL 34602

TITLE TD ☐ DELETE
NAME WALTON, MAZIE
STREET ADDRESS 31204 LANCEWOOD DRIVE
CITY-ST-ZIP BROOKSVILLE FL 34602

TITLE D ☐ DELETE
NAME BOEHLING, RUTH
STREET ADDRESS 30435 PARK RIDGE DRIVE
CITY-ST-ZIP BROOKSVILLE FL 34602-7537

TITLE D ☐ DELETE
NAME BEYER, MARGARET
STREET ADDRESS 30440 WILLOWBANK AVE
CITY-ST-ZIP BROOKSVILLE FL 34602

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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: *Mazie Walton* SIGNATURE: REMAINEZ WALTON 3/24/99 (352) 799-1730
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0070827

CR2E037 (11/98)