

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N93000001400 (1)**

1. Corporation Name

**WILDWOOD CHAPTER #4839 OF AMERICAN ASSOCIATION OF
F RETIRED PERSONS, INC.**



Principal Place of Business

**1012 LAKESHORE DR
WILDWOOD FL 34785
US**

Mailing Address

**1012 LAKESHORE DR
WILDWOOD FL 34785
US**

3. Date Incorporated or Qualified
03/26/1993

3a. Date of Last Report
03/28/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

4. FEI Number

52-1785860

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BUDRICK, ALBERT
1012 LAKESHORE DR
WILDWOOD FL 34785**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **V** ☐ DELETE
NAME **LOUISE CADDELL**
STREET ADDRESS **3551 CR. 230**
CITY-ST-ZIP **WILDWOOD FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **P** ☐ DELETE
NAME **BUDRICK, ALBERT**
STREET ADDRESS **1012 LAKESHORE DR**
CITY-ST-ZIP **WILDWOOD FL**

2.1 TITLE **T** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **SQUIRES, REUBIN**
STREET ADDRESS **702 SPANISH MOSS DR**
CITY-ST-ZIP **WILDWOOD FL**

3.1 TITLE **P** ☒ Change ☐ Addition
3.2 NAME **LOUISE WING**
3.3 STREET ADDRESS **103 HUEY STREET**
3.4 CITY-ST-ZIP **WILDWOOD, FL. 34785**

TITLE **D** ☒ DELETE
NAME **JONES, MARJORY L.**
STREET ADDRESS **506 SANDALWOOD LN**
CITY-ST-ZIP **WILDWOOD FL**

4.1 TITLE **D** ☒ Change ☐ Addition
4.2 NAME **JOEL T. HOYLE**
4.3 STREET ADDRESS **807 E. LIVE OAK ST**
4.4 CITY-ST-ZIP **WILDWOOD, FL 34785**

TITLE **D** ☒ DELETE
NAME **GENEVIEVE WENTZ**
STREET ADDRESS **510 LIVE OAK LANE**
CITY-ST-ZIP **WILDWOOD FL**

5.1 TITLE **D** ☒ Change ☐ Addition
5.2 NAME **JAMES W. PRESLEY**
5.3 STREET ADDRESS **813 LAKESHORE DRIVE**
5.4 CITY-ST-ZIP **WILDWOOD, FL. 34785**

TITLE **D** ☒ DELETE
NAME **CREGUER, HAROLD**
STREET ADDRESS **13 RABBIT TRAIL**
CITY-ST-ZIP **WILDWOOD FL 34785**

6.1 TITLE **D** ☒ Change ☐ Addition
6.2 NAME **O. WILLIAM SCHULZ**
6.3 STREET ADDRESS **505 BARWICK STREET**
6.4 CITY-ST-ZIP **WILDWOOD, FL. 34785**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Albert J. Budrick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/96

352-748-5712
Daytime Phone #

CR2E037 (12/95)