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Feb 28 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

Mailing Address

1012 LAKESHORE DR
WILDWOOD FL 34785
US1012 LAKESHORE DR
WILDWOOD FL 34785-5349
US3. Date Incorporated or Qualified
03/26/19933a. Date of Last Report
02/27/19964. FEI Number
52-1785860Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

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

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 FL1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE T ☐ DELETE
NAME BUDRICK, ALBERT
STREET ADDRESS 1012 LAKESHORE DR
CITY-ST-ZIP WILDWOOD FL2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE P ☐ DELETE
NAME WING, LOUISE
STREET ADDRESS 103 HUEY STREET
CITY-ST-ZIP WILDWOOD FL3.1 TITLE S ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE D ☒ DELETE
NAME HOYLE, JOEL
STREET ADDRESS 807 E LIVE OAK STREET
CITY-ST-ZIP WILDWOOD FL4.1 TITLE D ☐ Change ☐ Addition
4.2 NAME GREINER, JUNE
4.3 STREET ADDRESS 1020 WOODSIDE DRIVE
4.4 CITY-ST-ZIP WILDWOOD FL 34785TITLE D ☒ DELETE
NAME PRESLEY, JAMES
STREET ADDRESS 813 LAKESHORE CRIVE
CITY-ST-ZIP WILDWOOD FL5.1 TITLE D ☐ Change ☐ Addition
5.2 NAME TURK, JACKIE
5.3 STREET ADDRESS 7246 E. SR 44 #2
5.4 CITY-ST-ZIP WILDWOOD FL 34785TITLE D ☐ DELETE
NAME SCHULTZ, O. WILLIAM
STREET ADDRESS 505 BABWICK STREET
CITY-ST-ZIP WILDWOOD FL6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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:

ALBERT J. BUDRICK

2/24/97 352-748-6712

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 352-748-6712

CP2E037 (9/96)