


FILE NOW: FILING FEE IS \$61.25

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Apr 13 1998 8:00am
Secretary of State

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| NON-PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Matham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # N93000001400 (1)

1. Corporation Name
WILDWOOD CHAPTER #4839 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

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| Principal Place of Business 1012 LAKESHORE DR 402 OXFORD ST. WILDWOOD FL 34785 US | Mailing Address 1012 LAKESHORE DR 510 LIVE OAK LN. WILDWOOD FL 34785 US |
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|---|---|
| 2. Principal Place of Business 21 402 OXFORD ST. Suite, Apt. #, etc. 22 City & State 23 WILDWOOD, FL Zip 24 34785 | 2a. Mailing Address 25 510 LIVE OAK LN. Suite, Apt. #, etc. 26 City & State 27 WILDWOOD, FL Zip 28 34785 Country 29 U.S. |
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| 9. Name and Address of Current Registered Agent BUDRICK, ALBERT 1012 LAKESHORE DR WILDWOOD FL 34785 | 10. Name and Address of New Registered Agent 81 Name DALE F. WENTZ 82 Street Address (P.O. Box Number is Not Acceptable) 510 LIVE OAK LN. 83 84 City WILDWOOD FL 85 Zip Code 34785 |
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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 617.0508, Florida Statutes.

SIGNATURE **DALE F. WENTZ** *Dale F. Wentz* **3/23/98**
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 | V <input checked="" type="checkbox"/> DELETE |
| NAME | LOUISE CADDELL |
| STREET ADDRESS | 3551 CR. 230 |
| CITY-ST-ZIP | WILDWOOD FL |
| TITLE | T <input checked="" type="checkbox"/> DELETE |
| NAME | BUDRICK, ALBERT |
| STREET ADDRESS | 1012 LAKESHORE DR |
| CITY-ST-ZIP | WILDWOOD FL |
| TITLE | W <input type="checkbox"/> DELETE |
| NAME | WING, LOUISE |
| STREET ADDRESS | 103 HUEY STREET |
| CITY-ST-ZIP | WILDWOOD FL 34785 |
| TITLE | D <input checked="" type="checkbox"/> DELETE |
| NAME | GREINER, JUNE |
| STREET ADDRESS | 1020 WOODSIDE DR |
| CITY-ST-ZIP | WILDWOOD FL |
| TITLE | P <input checked="" type="checkbox"/> DELETE |
| NAME | TURK, JACKIE |
| STREET ADDRESS | 7246 E SR 44 #2 |
| CITY-ST-ZIP | WILDWOOD FL |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | SCHULTZ, O. WILLIAM SCHULZ |
| STREET ADDRESS | 505 BARWICK STREET 505 BARWICK ST. |
| CITY-ST-ZIP | WILDWOOD FL 34785 |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|
| 1.1 TITLE | P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | HELEN "PENNY" ROBERTS |
| 1.3 STREET ADDRESS | 7246 E. SR 44 #16 |
| 1.4 CITY-ST-ZIP | WILDWOOD, FL 34785 |
| 2.1 TITLE | T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | DALE F. WENTZ |
| 2.3 STREET ADDRESS | 510 LIVE OAK LN. |
| 2.4 CITY-ST-ZIP | WILDWOOD, FL 34785 |
| 3.1 TITLE | W <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | LOUISE WING |
| 3.3 STREET ADDRESS | 103 HUEY ST. |
| 3.4 CITY-ST-ZIP | WILDWOOD, FL 34785 |
| 4.1 TITLE | S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | JUNE HOYLE |
| 4.3 STREET ADDRESS | 807 EAST LIVE OAK |
| 4.4 CITY-ST-ZIP | WILDWOOD, FL 34785 |
| 5.1 TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | EDNA CLARK |
| 5.3 STREET ADDRESS | 249 W. PALM AVE |
| 5.4 CITY-ST-ZIP | BUSHNELL, FL 33513 |
| 6.1 TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | O. WILLIAM SCHULZ |
| 6.3 STREET ADDRESS | 505 BARWICK ST. |
| 6.4 CITY-ST-ZIP | WILDWOOD FL 34785 |

4. 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: *Dale F. Wentz* (DALE F. WENTZ) 3/23/98

CR2E037 (10/97)