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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000001400

1. Corporation Name

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

Principal Place of Business

402 OXFORD ST
WILDWOOD FL 34785
US

Mailing Address

510 LIVE OAK LN
WILDWOOD FL 34785
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	03/26/1993
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	52-1785860
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired
24	25	<input type="checkbox"/> \$8.75 Additional Fee Required
	29	6. Election Campaign Financing
	30	Trust Fund Contribution
		<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

WENTZ, DALE F.
510 LIVE OAK LN
WILDWOOD FL 34785

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	ROBERTS, HELEN	1.2 NAME	COLLIER, JAMES L.
STREET ADDRESS	7246 E. SR 44, #16	1.3 STREET ADDRESS	102 S. WARFIELD AVE
CITY-ST-ZIP	WILDWOOD FL 34785	1.4 CITY-ST-ZIP	WILDWOOD, FL 34785
TITLE	T	2.1 TITLE	
NAME	WENTZ, DALE F.	2.2 NAME	
STREET ADDRESS	510 LIVE OAK LN	2.3 STREET ADDRESS	
CITY-ST-ZIP	WILDWOOD FL 34785	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	
NAME	WING, LOUISE	3.2 NAME	
STREET ADDRESS	103 HUEY STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	WILDWOOD FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	
NAME	HOYLE, JUNE	4.2 NAME	
STREET ADDRESS	807 EAST LIVE OAK	4.3 STREET ADDRESS	
CITY-ST-ZIP	WILDWOOD FL 34785	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	CLARK, EDNA	5.2 NAME	
STREET ADDRESS	249 W. PALM AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	BUSHNELL FL 33513	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	SCHULZ, O. WILLIAM	6.2 NAME	
STREET ADDRESS	505 BARWICK ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	WILDWOOD FL 34785	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:

Dale F. Wentz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 25, 1999 352-748-6412
Date Daytime Phone #

CR2/E037 (11/98)