

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90442 007 ****61.25

DOCUMENT # N94000002070

1. Entity Name

WINTER SPRINGS CHAPTER #4949 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business

Mailing Address

76 MAJORCA CR
 WINTER SPRINGS FL 32708
 US

76 MAJORCA CR
 WINTER SPRINGS FL 32708
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

76 MAJORCA DR.
 Suite, Apt. #, etc.

76 MAJORCA DR.
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3379864

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~LANGDON, AL
 76 MAJORCA CR
 WINTER SPRINGS FL 32708~~

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	LANGDON, AL	
STREET ADDRESS	76 MAJORCA CR	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LEVY, DIANE	
STREET ADDRESS	164 COSTA DR.	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PEDERSON, JANICE	
STREET ADDRESS	918 PUND TRAIL	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KENNEDY, JAMES	
STREET ADDRESS	1038 CHATHAM PINES DR	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	D	<input type="checkbox"/> Delete
NAME	KREINER, ISLA	
STREET ADDRESS	808 BIG BUCK DR.	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAYL, FRANCES	
STREET ADDRESS	347 FAIRGREEN PL	
CITY-ST-ZIP	CASSELBERRY FL 32707	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	76 MAJORCA DR.	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Albert W. Langdon*
 SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

4/23/02 407 327-1176
 Date Daytime Phone #

CR2E037 (9/01)