

# 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 # **N95000002900 (7)**

1. Corporation Name

**MID-ORLANDO CHAPTER #5046 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.**



Principal Place of Business

Mailing Address

**3163 PLAZA TERRACE DRIVE  
ORLANDO FL 32803**

**3163 PLAZA TERRACE DRIVE  
ORLANDO FL 32803**

3. Date Incorporated or Qualified  
**06/19/1995**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **12 W. Vanderbilt St.**

26 **12 W. Vanderbilt St.**

4. FEI Number

Applied For

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

**E1# 52-189 2261**

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

23 City & State

28 City & State

**Orlando, FL**

**Orlando, FL**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

24 Zip

25 Country

29 Zip

30 Country

**32804**

**USA**

**32804**

**USA**

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

**BECH, JACQUELINE R  
3163 PLAZA TERRACE DRIVE  
ORLANDO FL 32803**

81 Name

**Philbrook F. Sargent**

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

**12 W. Vanderbilt St.**

83

84 City

**Orlando**

**FL**

85 Zip Code

**32804**

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 **Philbrook F. Sargent**

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

**Philbrook F. Sargent**

(NOTE: Registered Agent signature required when reinstating)

**24 May 1996**

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE  
NAME **BEACH, JACQUELINE R**  
STREET ADDRESS **3163 PLAZA TERRACE DRIVE**  
CITY - ST - ZIP **ORLANDO FL 32803**

1.1 TITLE **PD** ☒ Change ☐ Addition  
1.2 NAME **PHILBROOK F. SARGENT**  
1.3 STREET ADDRESS **12 W. VANDERBILT STREET**  
1.4 CITY - ST - ZIP **ORLANDO FL 32804**

TITLE **VD** ☒ DELETE  
NAME **SATTERFIELD, PATRICIA**  
STREET ADDRESS **714 CITRUS AVENUE E**  
CITY - ST - ZIP **ORLANDO FL 32792**

2.1 TITLE **VD** ☒ Change ☐ Addition  
2.2 NAME **WILLIAM L. LINDSEY**  
2.3 STREET ADDRESS **1437 BAYHEAD COURT**  
2.4 CITY - ST - ZIP **ORLANDO FL 32825**

TITLE **SD** ☒ DELETE  
NAME **SARDUCCI, FRANK**  
STREET ADDRESS **1332 WEST YALE STREET**  
CITY - ST - ZIP **ORLANDO FL 32804**

3.1 TITLE **SD** ☒ Change ☐ Addition  
3.2 NAME **GEORGE C. MADILL**  
3.3 STREET ADDRESS **3102 BAY LAKE ROAD**  
3.4 CITY - ST - ZIP **ORLANDO FL 32808**

TITLE **TD** ☒ DELETE  
NAME **SATTERFIELD, S E**  
STREET ADDRESS **714 CITRUS AVENUE**  
CITY - ST - ZIP **ORLANDO FL 32792**

4.1 TITLE **TD** ☒ Change ☐ Addition  
4.2 NAME **TOMMIE F. THOMPSON**  
4.3 STREET ADDRESS **11510 THURSTON WAY**  
4.4 CITY - ST - ZIP **ORLANDO FL 32837**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

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, changed, or on an attachment with an address.

SIGNATURE:

**Philbrook F. Sargent**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**29 March 1996 (407) 896-8029**

Date

Daytime Phone #

CR2E037 (12/95)