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Mar 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000002900 (7)**

1. Corporation Name

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

Principal Place of Business

Mailing Address

**12 W. VANDERBILT ST.
ORLANDO FL 32804**

**12 W. VANDERBILT ST.
ORLANDO FL 32804**

2. Principal Place of Business

2a. Mailing Address

21 20535 Newby St.

26 20535 Newby St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Orlando, FL

28 Orlando, FL

Zip

Zip

24 32833

Country

29 32833

Country

25 Orange

30 Orange

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/19/1995

4. FEI Number

52-1892261

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

**SARGENT, PHILBROOK F.
12 W. VANDERBILT ST.
ORLANDO FL 32804**

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

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

Philbrook F. Sargent
(NOTE: Registered Agent signature required when reinstalling)

March 19, 1998
DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE

NAME **SARGENT, PHILBROOK F.**
STREET ADDRESS **12 W. VANDERBILT ST.**
CITY-ST-ZIP **ORLANDO FL 32804**

TITLE **VD** ☒ DELETE

NAME **HOLMES, PAUL**
STREET ADDRESS **3283 SHERINGHAM RD.**
CITY-ST-ZIP **ORLANDO FL**

TITLE **SD** ☒ DELETE

NAME **MADILL, GEORGE C.**
STREET ADDRESS **3102 BAY LAKE RD.**
CITY-ST-ZIP **ORLANDO FL 32808**

TITLE **TD** ☐ DELETE

NAME **LEONARD, SUE**
STREET ADDRESS **352 SULTANA LANE**
CITY-ST-ZIP **MAITLAND FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition

1.2 NAME **BURSON, MARY E.**
1.3 STREET ADDRESS **20535 NEWBY ST.**
1.4 CITY-ST-ZIP **ORLANDO FL 32833**

2.1 TITLE **VD** ☒ Change ☐ Addition

2.2 NAME **SATTERFIELD, PATTY**
2.3 STREET ADDRESS **7140 CITRUS AVE.**
2.4 CITY-ST-ZIP **WINTER PARK, FL 32792**

3.1 TITLE **SD** ☒ Change ☐ Addition

3.2 NAME **KRSTULICH, ARLENE**
3.3 STREET ADDRESS **2001 GLENRIDGE WAY, #63**
3.4 CITY-ST-ZIP **WINTER PARK, FL 32792**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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.

SIGNATURE: *Mary E. Bronson* **Mary E. Bronson**

(407) 568-6613

CR2E037 (10/97)