

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 20, 1999 8:00 am
Secretary of State

02-20-1999 90001 016 ****61.25

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1. Corporation Name

KINGS POINT/TAMARAC CHAPTER #5054 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business
9561 NO. BELFORT CIRCLE
TAMARAC FL 33321

Mailing Address
9561 NO. BELFORT CIRCLE
TAMARAC FL 33321



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/19/1995	
21		26			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 52-1882783	
22		27		Applied For Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28			
Zip Country		Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	25	29	30		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BECKMAN, NAT 9561 NO. BELFORT CIRCLE TAMARAC FL 33321		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

NAT BECKMAN

Nathan Decker

2/6/99

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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECKMAN, NAT	1.2 NAME	
STREET ADDRESS	9561 NO. BELFORT CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLANCHARD, DAVE	2.2 NAME	
STREET ADDRESS	9587 WELDON CIR	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL 33321	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECKMAN, HELEN	3.2 NAME	
STREET ADDRESS	9561 N BELFORT CIR	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	3.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLEIMAN, LEO	4.2 NAME	
STREET ADDRESS	7440 ASHMONT CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, MURIEL	5.2 NAME	
STREET ADDRESS	10536 E CLAIRMONT RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL 33321	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABRAMSON, HAROLD	6.2 NAME	
STREET ADDRESS	7484 TRENT DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL 33321	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:

SIGNATURE

Reverend Treas

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