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Apr 29 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000004988 (0)**

1. Corporation Name

**GREATER OVIEDO CHAPTER #5067 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.**

Principal Place of Business

Mailing Address

**1010 CUTOFF BRANCH COURT  
OVIEDO FL 32765  
US**

**1010 CUTOFF BRANCH COURT  
OVIEDO FL 32765  
US**

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**23** City & State

**27** City & State

**24** Zip

**25** Country

**29** Zip

**30** Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**10/20/1995**

4. FEI Number

**52-1863498**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$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

**FAIST, FRED  
1010 CUTOFF BRANCH COURT  
OVIEDO FL 32765**

**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 Fred Faist

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

(NOTE: Registered Agent signature required when reinstating)

5/14/98

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **FAST, FRED**  
STREET ADDRESS **1010 CUTOFF BRANCH COURT**  
CITY-ST-ZIP **OVIEDO FL**

TITLE **VPD** ☒ DELETE

NAME **CAMP, GORDON**  
STREET ADDRESS **1497 TUSKAWILLA RD**  
CITY-ST-ZIP **OVIEDO FL**

TITLE **SD** ☐ DELETE

NAME **THOMAS, BILLIE**  
STREET ADDRESS **1038 CHATHAM PINES, CIR., #100**  
CITY-ST-ZIP **WINTER SPRINGS FL**

TITLE **T STEPHENS, DONALD** ☐ DELETE

NAME **STEVENS, DONALD**  
STREET ADDRESS **4107 THATCH PALM COURT**  
CITY-ST-ZIP **OVIEDO FL**

TITLE **D** ☐ DELETE

NAME **BRAUN, JOSEPH**  
STREET ADDRESS **1415 CURA COURT**  
CITY-ST-ZIP **OVIEDO FL**

TITLE **D** ☒ DELETE

NAME **MCKENNA, CHARLES J JR**  
STREET ADDRESS **875 EAST PALM VALLEY DRIVE**  
CITY-ST-ZIP **OVIEDO FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

NAME **Keith Board**  
STREET ADDRESS **765 Field Street**  
CITY-ST-ZIP **Oviedo, FL 32765**

3.1 TITLE ☒ Change ☐ Addition

NAME **Thomas, Billie**  
STREET ADDRESS **272 North Post way**  
CITY-ST-ZIP **Casselberry, FL 32707**

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

NAME **Daphne NELSON**  
STREET ADDRESS **Program Chairperson**  
CITY-ST-ZIP **497 Lake Park Trail Oviedo FL 32765**

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: Fred Faist Fred Faist

11/14/98 (407) 359-1166

CR2E037 (10/97)