

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jun 01, 1999 8:00 am
Secretary of State

06-01-1999 90021 049 ****61.25

DOCUMENT # N95000004988

1. Corporation Name

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

Principal Place of Business

1010 CUTOFF BRANCH COURT
OVIEDO FL 32765

Mailing Address

1010 CUTOFF BRANCH COURT
OVIEDO FL 32765

US- 272 N. POST WAY SAME
CASSELBERRY, FL 32707

594261-90022-17



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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

9. Name and Address of Current Registered Agent

FAST, FRED
1010 CUTOFF BRANCH COURT
OVIEDO FL 32765

BILLIE C THOMAS
272 N. POST WAY
CASSELBERRY
FL 32707

10. Name and Address of New Registered Agent

81 Name

Billie C. Thomas

82 Street Address

272 N. POST WAY
CASSELBERRY, FL 32707

83 City

CASSELBERRY

84 State

FL

85 Zip Code

32707

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation or other entity makes 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

Billie C. Thomas

7-14-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME FAST, FRED
STREET ADDRESS 1010 CUTOFF BRANCH COURT
CITY-ST-ZIP OVIEDO FL 32765

TITLE VPD ☒ DELETE

NAME BORARD, KEITH
STREET ADDRESS 765 FIELD STREET
CITY-ST-ZIP OVIEDO FL 32765

TITLE SD PRES. ☐ DELETE

NAME THOMAS, BILLIE
STREET ADDRESS 272 NORTH POST WAY
CITY-ST-ZIP CASSELBERRY FL 32707

TITLE T ☐ DELETE

NAME STEPHENS, DONALD
STREET ADDRESS 4107 THATCH PALM COURT
CITY-ST-ZIP OVIEDO FL 32765

TITLE D ☐ DELETE

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

TITLE C ☒ DELETE

NAME NELSON, DAPHNE
STREET ADDRESS 487 LAKE PARK TRAIL
CITY-ST-ZIP OVIEDO FL 32765

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☐ Change ☐ Addition

1.2 NAME BILLIE C THOMAS
1.3 STREET ADDRESS 272 N. POST WAY
1.4 CITY-ST-ZIP CASSELBERRY FL 32707

2.1 TITLE V. PRESIDENT ☒ Change ☐ Addition

2.2 NAME ED. FIEDLER
2.3 STREET ADDRESS 2676 RUNNING SPRINGS LOOP
2.4 CITY-ST-ZIP OVIEDO, FL 32765

3.1 TITLE SECRETARY ☒ Change ☐ Addition

3.2 NAME GAYLE HOWELL
3.3 STREET ADDRESS 1292 SCANDIA TERR
3.4 CITY-ST-ZIP OVIEDO, FL 32765

4.1 TITLE TREASURER ☐ Change ☐ Addition

4.2 NAME DONALD STEPHENS
4.3 STREET ADDRESS 4107 THATCH PALM CT
4.4 CITY-ST-ZIP OVIEDO, FL 32765

5.1 TITLE DIRECTOR ☒ Change ☐ Addition

5.2 NAME FRED FAUST
5.3 STREET ADDRESS 1010 CUTOFF BRANCH COURT
5.4 CITY-ST-ZIP OVIEDO, FL 32765

6.1 TITLE DIRECTOR ☐ Change ☐ Addition

6.2 NAME ANN FIELDER
6.3 STREET ADDRESS 2676 RUNNING SPRINGS LOOP
6.4 CITY-ST-ZIP 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-14-99 (407) 699-8265

Date

Daytime Phone #

0001104

CR2E037 (5/99)

Additional Officers

N950000004488

D
FAUST, CLAIRE
1010 COTTE BRANCH COURT
OVEDO, FL 32765

594261-90022-17

N95000004988

J
LEWIS, CHARLES E
1420 AALAFAYA TR
OVEDO, FL 32765

T
STEIN, AL
1250 SCANDIA TERR
OVEDO, FL 32765

T
STEPHENS, DORIS
4107 THATCH PALM CT
OVEDO, FL 32765