


FILE NOW: FILING FEE IS \$61.25

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Apr 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000005516 (8)**

1. Corporation Name

AUBURNDALE FLORIDA CHAPTER #5084 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.



Principal Place of Business 713 ROSE ST. S #18 AUBURNDALE FL 33823	Mailing Address 713 ROSE ST. S #18 AUBURNDALE FL 33823
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2. Principal Place of Business 21 117 PATTERSON DR. Suite, Apt. #, etc. 22 City & State 23 AUBURNDALE, FLA Zip 24 33823	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country 29
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3. Date Incorporated or Qualified 11/21/1995
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4. FEI Number 52-1909535	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
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8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent MADTES, PAUL C 713 ROSE ST. S #18 AUBURNDALE FL 33823

10. Name and Address of New Registered Agent 01 Name GENE STANLEY 02 Street Address (P.O. Box Number is Not Acceptable) 117 Patterson Drive 03 04 City Auburndale FL 05 Zip Code 33823
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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  DATE **4-09-98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	MADTES, PAUL C
STREET ADDRESS	713 ROSE ST. S #18
CITY-ST-ZIP	AUBURNDALE FL 33823
TITLE	VPD
NAME	STANLEY, GENE
STREET ADDRESS	117 PATTERSON DR
CITY-ST-ZIP	AUBURNDALE FL
TITLE	SD
NAME	POFF, MARTHA
STREET ADDRESS	515 OAKLAND
CITY-ST-ZIP	AUBURNDALE FL 33823
TITLE	TD
NAME	STANLEY, ELIZABETH
STREET ADDRESS	117 PATTERSON DRIVE
CITY-ST-ZIP	AUBURNDALE FL 33823
TITLE	D
NAME	ROLLINS, MERREL
STREET ADDRESS	713 ROSE ST. S. #101
CITY-ST-ZIP	AUBURNDALE FL
TITLE	D
NAME	BLAKLEY, ALMA
STREET ADDRESS	1080 HALF ACRES RD.
CITY-ST-ZIP	AUBURNDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD
1.2 NAME	Gene Stanley
1.3 STREET ADDRESS	117 Patterson Dr.
1.4 CITY-ST-ZIP	Auburndale, Fla 33823
2.1 TITLE	VPD
2.2 NAME	Bob Krupa
2.3 STREET ADDRESS	2509 Lake Myrtle Dr.
2.4 CITY-ST-ZIP	Auburndale, Fla 33823
3.1 TITLE	SD
3.2 NAME	Miriam Douglas
3.3 STREET ADDRESS	1060 Half Acre Rd.
3.4 CITY-ST-ZIP	Auburndale, Fla 33823
4.1 TITLE	TD
4.2 NAME	Minnie Merrill
4.3 STREET ADDRESS	713 S. Rose St. Lot 101
4.4 CITY-ST-ZIP	Auburndale, FL 33823
5.1 TITLE	D
5.2 NAME	Paul Madtes
5.3 STREET ADDRESS	713 S. Rose St. Lot #18
5.4 CITY-ST-ZIP	Auburndale, Fla 33823
6.1 TITLE	D
6.2 NAME	Joe Garrison
6.3 STREET ADDRESS	149 Kinitile Ave.
6.4 CITY-ST-ZIP	Auburndale, Fla 33823

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:  GENE STANLEY 03-18-1998 965-7288

CR2E037 (10/97)