



**FILED**  
**Mar 09, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**

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

**DOCUMENT # N95000005516**

1. Corporation Name  
**AUBURNDALE FLORIDA CHAPTER #5084 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.**

Principal Place of Business      Mailing Address  
 117 PATTERSON DR                      713 ROSE ST. S #18  
 AUBURNDALE FL 33823                  AUBURNDALE FL 33823  
 US



21	2. Principal Place of Business	26	2a. Mailing Address	3.	Date Incorporated or Qualified
	Suite, Apt. #, etc.		Suite, Apt. #, etc.	4.	FEI Number
22	City & State	27	City & State		Applied For
23	Zip	28	Zip		Not Applicable
24	Country	29	Country	5.	Certificate of Status Desired
25		30			\$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		10. Name and Address of New Registered Agent	
STANLEY, GENE 117 PATTERSON DR AUBURNDALE FL 33823		81 Name	MIRIAM DOUGLAS - PRES.
		82 Street Address (P.O. Box Number is Not Applicable)	1060 HALF ACRE ROAD
		83	
		84 City	AUBURNDALE FL
		85 Zip Code	33823

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: Miriam S. Douglas      DATE: 4/6/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	STANLEY, GENE	1.2 NAME	MIRIAM DOUGLAS
STREET ADDRESS	117 PATTERSON DR	1.3 STREET ADDRESS	1060 HALF ACRE ROAD
CITY-ST-ZIP	AUBURNDALE FL 33823	1.4 CITY-ST-ZIP	AUBURNDALE, FL 33823
TITLE	VPD	2.1 TITLE	VPB
NAME	KRUPA, BOB	2.2 NAME	CHARLES HUSTED
STREET ADDRESS	2509 LAKE MYRTLE DR	2.3 STREET ADDRESS	616 BENNETT ST.
CITY-ST-ZIP	AUBURNDALE FL 33823	2.4 CITY-ST-ZIP	AUBURNDALE, FL. 33823
TITLE	SD	3.1 TITLE	SD
NAME	DOUGLAS, MIRIAM	3.2 NAME	MINNIE MERRILL
STREET ADDRESS	1060 HALF ACRE RD	3.3 STREET ADDRESS	713 ROSE ST. LOT 101
CITY-ST-ZIP	AUBURNDALE FL 33823	3.4 CITY-ST-ZIP	AUBURNDALE, FL 33823
TITLE	TD	4.1 TITLE	TP
NAME	MERRILL, MINNIE	4.2 NAME	PATRICIA WATSON
STREET ADDRESS	713 S ROSE ST LOT 101	4.3 STREET ADDRESS	158 HARBOUR WAY
CITY-ST-ZIP	AUBURNDALE FL 33823	4.4 CITY-ST-ZIP	AUBURNDALE, FL. 33823-2157
TITLE	D	5.1 TITLE	D
NAME	MADTES, PAUL	5.2 NAME	PAUL MADTES
STREET ADDRESS	713 S ROSE ST LOT 18	5.3 STREET ADDRESS	713 S. ROSE ST. LOT 18
CITY-ST-ZIP	AUBURNDALE FL 33823	5.4 CITY-ST-ZIP	AUBURNDALE, FL 33823
TITLE	D	6.1 TITLE	D
NAME	GARRISON, JOE	6.2 NAME	JOE GARRISON
STREET ADDRESS	149 KINTLE AVE	6.3 STREET ADDRESS	149 KINTLE AVE
CITY-ST-ZIP	AUBURNDALE FL 33823	6.4 CITY-ST-ZIP	AUBURNDALE, FL 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, with all other like empowered.

SIGNATURE: Patricia Watson      DATE: 2-26-99      DAYTIME PHONE #: 941-967-8925

CR2E037 (11/98)