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FILED
Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000001055 (0)**

1. Corporation Name

**SOUTHWEST ORLANDO CHAPTER #5103 OF AMERICAN ASSO
CIATION OF RETIRED PERSONS, INC.**

Principal Place of Business

Mailing Address

**11971 OTTAWA AVENUE
ORLANDO FL 32837**

**11971 OTTAWA AVENUE
ORLANDO FL 32837**

3. Date Incorporated or Qualified

02/27/1996

4. FEI Number

52-1930318

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ANDERSEN, DOROTHY A
11971 OTTAWA AVENUE
ORLANDO FL 32837**

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

Dorothy A. Andersen

(NOTE: Registered Agent signature required when reinstating)

1-6-98

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSEN, DOROTHY A	1.2 NAME	
STREET ADDRESS	11971 OTTAWA AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32837	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, TOMMIE F.	2.2 NAME	
STREET ADDRESS	1849 S KIRKMAN RD., APT #1118	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WASSUM, TONI L	3.2 NAME	
STREET ADDRESS	6516 DATURA AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32809	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAPMAN, CHARLES W JR.	4.2 NAME	
STREET ADDRESS	13416 BELOIT WOODS LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32824-9410	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOLINA, EVA CARMEN	5.2 NAME	
STREET ADDRESS	1633 BROOK HOLLOW DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSEN, RUSSELL A JR.	6.2 NAME	
STREET ADDRESS	11971 OTTAWA AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32837	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.

SIGNATURE: *Dorothy A. Andersen* REQUIRED

1-6-98 467-856-3681

CR2E037 (10/97)