FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State
03-01-1999 90086 022 ****61.25

018424

DOCUMENT # N96000001055

1. Corporation Name

SOUTHWEST ORLANDO CHAPTER #5103 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business	Mailing Address
11971 OTTAWA AVENUE ORLANDO FL 32837	11971 OTTAWA AVENUE ORLANDO FL 32837

2. Principal Place of Business **21**	2a. Mailing Address **26**	3. Date Incorporated or Qualifed **02/27/1996**
Suite, Apt. #, etc. **22**	Suite, Apt. #, etc. **27**	4. FEI Number **52-1930318** / Applied For / Not Applicable
City & State **23**	City & State **28**	5. Certifcate of Status Desired ☐ / **$8.75** Additional Fee Required
Zip / Country **24** / **25**	Zip / Country **29** / **30**	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
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 _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)   DATE

CR2E037 (11/98)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE **PD** NAME **ANDERSEN, DOROTHY A** STREET ADDRESS **11971 OTTAWA AVENUE** CITY-ST-ZIP **ORLANDO FL 32837**	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change	☐ Addition
TITLE **VPD** NAME **ANN CHAMPLEY** STREET ADDRESS **11538 THURSTON WAY** CITY-ST-ZIP **ORLANDO FL 32837**	☒ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP / **VPD Dr. Albert Fortune 3749 Ocita Drive Orlando FL 32837**	☒ Change	☐ Addition
TITLE **SD** NAME **WASSUM, TONI L** STREET ADDRESS **6516 DATURA AVENUE** CITY-ST-ZIP **ORLANDO FL 32809**	☒ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP / **SD Elsie Cadogan 14401 Huntingfield Drive Orlando, FL 32824**	☒ Change	☐ Addition
TITLE **TD** NAME **CHAPMAN, CHARLES W JR.** STREET ADDRESS **13416 BELOIT WOODS LANE** CITY-ST-ZIP **ORLANDO FL 32824-9410**	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change	☐ Addition
TITLE **D** NAME **MOLINA, EVA CARMEN** STREET ADDRESS **1633 BROOK HOLLOW DRIVE** CITY-ST-ZIP **ORLANDO FL**	☒ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP / **D Ann Champley 11538 Thurston Way Orlando FL 32837**	☒ Change	☐ Addition
TITLE **D** NAME **ANDERSEN, RUSSELL A JR.** STREET ADDRESS **11971 OTTAWA AVENUE** CITY-ST-ZIP **ORLANDO FL 32837**	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change	☐ Addition

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 REQUIRED *Dorothy Andersen* 1/24/99 407-856-3681

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #