Applied For

Not Applicable

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

5206 E 127 TH AVE

DOCUMENT # N9700002212

1. Corporation Name

TEMPLE TERRACE CHAPTER #5194 OF AMERICAN ASSOCIA TION OF RETIRED PERSONS, INC.

Principal Place of Business

6201 TANAGE PL **TEMPLE TERRACE FL 33617**

2. Principal Place of Business

Suite, Apt. #, etc.

5206 E 127 TH AVE

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

6201 TANAGER PLACE TEMPLE TERRACE FL 33617

Apr 23, 1999 8:00 am § Secretary of State

04-23-1999 90156 006 ****61.25

3. Date Incorporated or Qualifed

NOT APPLICABLE

04/18/1997

4. FEI Number

22		27		_	NOT APPLICABLE	Not	Applicable						
City & Stat	e	City & State			F 0 11 / 10-1-1 D-1-1-1 D	\$8.75 A	dditional						
TAMPA, FL 28 TAMPA, FL			Ŀ		5. Certificate of Status Desired	Fee Rec	uired						
Zip Country Zip				Country 6. Election Campaign Financing \$5.0			May Be						
336	017 25 US	29 33617	30	US	Trust Fund Contribution	Added to	Fees						
	9. Name and Address of Current 8	<u> </u>		10. Name and Address of New Registered Agent									
				81 Name IRMA HAMILL									
MAROUET	TE, ROBERT		}	82 Street Address (P.O. Box Number is Not Acceptable)									
	AGER PLACE			11003 RICHLYNE ST									
	ERRACE FL 33617		ı	83 // // 2/ 0/									
IEWIFLE	ENIMOE PE 33017		ļ	84 City 85 Zip Code									
				84 City	EMPLE TERRACE FL	85 ZIP C	ا 17						
11. Purcuant	to the provisions of Sections 617 0502	and 617.1508. Florida Statut	es the ah	ove-named o	corporation submits this statement for the purpose of	changing its r	egistered						
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.													
agent. I a		•	nda Statu	les.	•		J						
SIGNATURE	IRMAHAMILL Signature, typed or printed name of registered agent a	nd title if applicable /NOTE	Registered	laent signature re	quired when reinstating) DATE								
12.	OFFICERS AND		13.	Agoint organization to	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTOR	RS IN 12						
TITLE	PD	☐ DELETE	1.1 TIT	E		Change	Addition						
NAME	CLARKE, GEORGE		1.2 NA	4F									
STREET ADDRESS	5206 E 127TH AVE			EET ADDRESS									
	TAMPA FL 33617			r-ST-ZIP	•								
CITY-ST-ZIP	VD	₩ DELETE	2.1 TIT		VP	Change	Addition						
TITLE		ON DECEME	2.1 III		MARQUETTE ROBERT		_						
NAME	FULLER, FRED				6201 TANAGER PL								
STREET ADDRESS	507 BON AIR AVENUE		1	EET ADDRESS	-	22/17	}						
CITY-ST-ZIP	TEMPLE TERRACE FL 33617	53 pc) ere		Y-ST-ZIP	TEMPLE TERRACE, FL	5561/ G/Change	Addition						
TITLE	SD	☑ DELETE	3.1 111		, u P	- [B Olizingo							
NAME -	CLARKE, LOUISE		3.2 NA	- 1	RUSH, NORMA								
STREET ADDRESS	5206 E 127TH AVE		3.3 STI	EET ADDRESS	17634 ESPRIT DR								
CITY-ST-ZIP	TAMPA FL 33617	El nei ese		Y-ST-ZIP	TAMPA, FL 33647	Change	Addition						
TITLE .	TD	™ DELETE	4.1 TIT		TD	□ Change	☐ Addition						
NAME	MARQUETTE, BOB		4. 2 NA	ME į	HAMILL, IRMA								
STREET ADDRESS	6201 TANGER PLACE		4.3 STF	EET ADDRESS	11003 RICHLYNE ST	117							
CITY-ST-ZIP	TEMPLE TERRACE FL 33617		4.4 CIT	r-ST-ZIP	TEMPLE TERRACE, FL	33011							
TILE	D	☐ DELETE	5.1 TIT			Change	Addition						
NAME	Fuller, Phyllis		5.2 NA										
STREET ADDRESS			5.3 STI	REET ADDRESS									
CITY-ST-ZIP	TEMPLE TERRACE FL 33617			Y-ST-ZIP									
TITLE	D	⊠ DELETE	6.1 TIT	Æ ∤	D	☑ Change	☐ Addition						
NAME	EASLER, JOSEPHINE		6.2 NA	Æ	CHARKE, LOUISE _		j						
STREET ADDRESS	402 S. RIVERHILLS		6.3 STI	EET ADDRESS	5206 E 127 TH AVE		ļ						
CITY-ST-ZIP	TEMPLE TERRACE FL 33617			Y-ST-ZIP	TAMPA, FL. 33617								
14. I hereby o	14. I hereby certify that the information supplied with this filling 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 supplied with this limits does not qualify for the exemption stated in Section 178.07(5)(f), included 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: