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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **N98000005925**

1. Corporation Name
EAST PASCO CHAPTER #5255 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

372513 - 90037 - 38

Principal Place of Business	Mailing Address
38920 NORTH AVENUE ZEPHYRHILLS FL 33540	38920 NORTH AVENUE ZEPHYRHILLS FL 33540

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 6015-10th ST.,	26 P.O. Bx 1658	10/16/1998 WR
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 91-1919698 ☐ Applied For ☐ Not Applicable
City & State 23 Zephyrhills, FL	City & State 28 ZephyrRhills, FL	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip 24 33540 Country 25 USA	Zip 29 33539 Country 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

ANDERSON, WILLIAM W
38920 NORTH AVENUE
ZEPHYRHILLS FL 33540

10. Name and Address of New Registered Agent

81 Name: WILLIAM W. ANDERSON
82 Street Address (P.O. Box Number is Not Acceptable): 6015 - 10th ST.,
83
84 City: Zephyrhills FL 85 Zip Code: 33540

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: William W Anderson WILLIAM W. ANDERSON, PRES. 3-27-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☒ Addition
NAME	ANDERSON, WILLIAM W		1.2 NAME	
STREET ADDRESS	~~38920 NORTH AVENUE~~		1.3 STREET ADDRESS	6015-10th ST,
CITY-ST-ZIP	ZEPHYRHILLS FL 33540		1.4 CITY-ST-ZIP	ZEPHYRHILLS, FL 33540
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MCKEAN, FAY		2.2 NAME	
STREET ADDRESS	38102 SUNSET AVENUE		2.3 STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL 33525		2.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ROQUE, SUZANNE		3.2 NAME	
STREET ADDRESS	38920 NORTH AVENUE		3.3 STREET ADDRESS	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540		3.4 CITY-ST-ZIP	
TITLE	TD	☒ DELETE	4.1 TITLE	TD ☒ Change ☐ Addition
NAME	GRIMES, MARY		4.2 NAME	ANDERSON, ADELE L
STREET ADDRESS	32539 FLORIDA AVENUE		4.3 STREET ADDRESS	6015-10th ST,
CITY-ST-ZIP	SAN ANTONIO FL 33576		4.4 CITY-ST-ZIP	ZEPHYRHILLS, FL 33540
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	GALBRAITH, SHIRLEY A		5.2 NAME	
STREET ADDRESS	8104 WIRE ROAD		5.3 STREET ADDRESS	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	ANDERSON, ADELE		6.2 NAME	
STREET ADDRESS	38920 NORTH AVENUE		6.3 STREET ADDRESS	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540		6.4 CITY-ST-ZIP	

CR2E037 (11/98)

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: William W Anderson WILLIAM W. ANDERSON, PRES. 3-28-99 Ph. 813-783-9909
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #