

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. McMatham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 01 1996 8:00 am  
Secretary of State

DOCUMENT # 710701 (4)

1. Corporation Name  
**ST. PETERSBURG CHAPTER #49 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.**



Principal Place of Business Mailing Address  
**2635-66TH TERRACE SOUTH ST PETERSBURG FL 33712**

3. Date Incorporated or Qualified **04/11/1966** 3a. Date of Last Report **05/01/1995**  
4. FEI Number **71-0701621** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 24 Country 25 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
**HOGAN, ETHEL F  
430 BAY STREET N.E., #413  
ST PETERSBURG FL 33701**

10. Name and Address of New Registered Agent  
81 Name **STOUT, GLADYS**  
82 Street Address (P.O. Box Number is Not Acceptable) **1824 SHORE DRIVE SOUTH, #102**  
83 **SOUTH PASADENA, FL. 33707**  
84 City **SOUTH PASADENA, FL** 85 Zip Code **33707**

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 *Gladys Stout* PD **GLADYS STOUT** APRIL 20, 1996  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HOGAN, ETHEL F	
STREET ADDRESS	430 BAY STREET N.E., #413	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BARCHFELD, EMMA	
STREET ADDRESS	2635 66TH TER. S.	
CITY-ST-ZIP	ST. PETERSBURG FL 33712	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BENFIELD, LOIS	
STREET ADDRESS	800 OLEANDER WAY	
CITY-ST-ZIP	ST PETERSBURG FL 33707	
TITLE	S	<input type="checkbox"/> DELETE
NAME	COSTA, EILEEN	
STREET ADDRESS	1045 55TH AVENUE, N.	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SCHAFFER, MARTHA	
STREET ADDRESS	5513 18T STREET, N.	
CITY-ST-ZIP	ST. PETERSBURG FL 33703	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	STOUT, GLADYS	
1.3 STREET ADDRESS	1824 SHORE DRIVE SOUTH	
1.4 CITY-ST-ZIP	SOUTH PASADENA, FL. 33707	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	HOGAN, ETHEL F.	
5.3 STREET ADDRESS	430 BAY STREET, N.E., #413	
5.4 CITY-ST-ZIP	ST. PETERSBURG, FL. 33701	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Emma Barchfeld* EMMA BARCHFELD APR. 20, 1996, 813-867-2923  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Daytime Phone #

CR2E037 (12/95)