FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # 711137 (0)

1. Corporation Name

GREATER NEW PORT RICHEY CHAPTER OF THE AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business	Mailing Address
3607 MONTICELLO STREET NEW PORT RICHEY FL 34652	3607 MONTICELLO STREET NEW PORT RICHEY FL 34652

3. Date Incorporated or Qualified: 07/05/1966

3a. Date of Last Report: 05/01/1995

2. Principal Place of Business	2a. Mailing Address
21 8224 GOLDEN BEAR LOOP	26 8224 GOLDEN BEAR LOOP
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: PORT RICHEY, FLORIDA	28 City & State: PORT RICHEY
24 Zip: 34668-6955 25 Country: U.S.A.	29 Zip: 34668-6955 30 Country: U.S.A.

4. FEI Number: 59-1874694 ☐ 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

9. Name and Address of Current Registered Agent

GALLAGHER EDWARD F.
3607 MONTICELLO STREET
NEW PORT RICHEY FL 34652

10. Name and Address of New Registered Agent

81 Name: WILLIAM R. ANGLE

82 Street Address (P.O. Box Number is Not Acceptable): 8224 GOLDEN BEAR LOOP

83

84 City: PORT RICHEY FL 85 Zip Code: 34668

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 R. ANGLE — William R. Angle — APRIL 16, 1996

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	T WILLIAM, ANGLE 2039 PEPPERELL DR. NEW PORT RICHEY FL 34655	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P WILLIAM R. ANGLE 8224 GOLDEN BEAR LOOP PORT RICHEY, FL 34668-6955 — ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COBB, SARAH 2515 RANCHSIDE TERR. NEW PORT RICHEY FL 34655	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HILLSGROVE, CHESTER 4744 AZALEA DR 34652 NEW PORT RICHEY FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	VP WILLARD SALMI 6253 TENNESSEE AVENUE NEW PORT RICHEY, FL 34653 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAMASO, BETTY 5106 MECASLIN DR. NEW PORT RICHEY FL 34652	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	T ANNA JELONNEK 4007 LA PASIDA LANE NEW PORT RICHEY, FL 34655 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GARDNER, WILLIAM L. 5611 PINECREST DR. NEW PORT RICHEY FL	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	S IRENE MELOCCO 3350 DELLEFIELD STREET NEW PORT RICHEY, FL 34655 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	D EDWARD F. GALLAGHER 3607 MONTICELLO STREET NEW PORT RICHEY, FL 34652 — ☐ Change ☒ Addition

CR2E037 (12/95)

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: William R. Angle — WILLIAM P. ANGLE — APRIL 20, 1996 — (813) 849-8786

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