FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

APPROVED AND FILED

95 MAY -1 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **723641** **(7)**

1. Corporation Name

SPRING HILL CHAPTER #1026 OF AMERICAN ASSOCIATIO N OF RETIRED PERSONS, INC.

Principal Place of Business	Mailing Address
6755 TREEHAVEN DRIVE SPRING HILL FL 34606-5762	6755 TREEHAVEN DRIVE SPRING HILL FL 34606-5762

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/12/1972**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **23-7175272** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

WEGEMER, MARGARET
6755 TREEHAVEN DRIVE
SPRING HILL FL 34606

10. Name and Address of New Registered Agent

81 Name: JOSEPH M. MIHOK
82 Street Address (P.O. Box Number is Not Acceptable): 1321 GATEWOOD AVE
83
84 City: SPRING HILL FL 85 Zip Code: 34608

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Joseph M. Mihok — JOSEPH M. MIHOK — 4/11/95
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	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	ERICSSON, WILLIAM	1.2 NAME	600001483696
STREET ADDRESS	9320 CHASE ST.	1.3 STREET ADDRESS	-05/11/95--01016--001
CITY-ST-ZIP	SPRING HILL FL 34606	1.4 CITY-ST-ZIP	***9038.75 *****130.00
TITLE	DV	2.1 TITLE	☐ Change ☐ Addition
NAME	MEYER, ARTHUR E	2.2 NAME	
STREET ADDRESS	4404 CYNTHIA LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL 34606	2.4 CITY-ST-ZIP	
TITLE	DS	3.1 TITLE	DS ☒ Change ☐ Addition
NAME	REINKE, MABEL	3.2 NAME	MIHOK, J. BERNADETTE
STREET ADDRESS	2358 DUSTIN CIRCLE	3.3 STREET ADDRESS	1321 GATEWOOD AVE.
CITY-ST-ZIP	SPRING HILL FL 34608	3.4 CITY-ST-ZIP	SPRING HILL, FL 34608
TITLE	DT	4.1 TITLE	DT ☒ Change ☐ Addition
NAME	WEGEMER, MARGARET	4.2 NAME	JOSEPH M. MIHOK
STREET ADDRESS	6755 TREEHAVEN DRIVE	4.3 STREET ADDRESS	1321 GATEWOOD AVE
CITY-ST-ZIP	SPRING HILL FL	4.4 CITY-ST-ZIP	SPRING HILL, FL 34608
TITLE	D	5.1 TITLE	☒ Change ☐ Addition
NAME	REINKE, MABEL	5.2 NAME	THERESA GARTI
STREET ADDRESS	2358 DUSTIN CIRCLE	5.3 STREET ADDRESS	D 4336 ODIN ST.
CITY-ST-ZIP	SPRING HILL FL	5.4 CITY-ST-ZIP	SPRING HILL, FL 34609
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	BRINSTER, ADELINE	6.2 NAME	
STREET ADDRESS	3131 LEHIGH AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL	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)(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.

SIGNATURE: Joseph M. Mihok — 4/11/95 — 904-683-1923
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JOSEPH M. MIHOK, JR.