

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 # **725995** (5)

1. Corporation Name

PORT RICHEY - HUDSON CHATER #1357 OF AMERICAN ASSOCIATION OF RETIRED PERSONS INC



Principal Place of Business

Mailing Address

13311 NEPTUNE DRIVE
HUDSON FL 34667

13311 NEPTUNE DRIVE
HUDSON FL 34667

3. Date Incorporated or Qualified
04/03/1973

3a. Date of Last Report
09/25/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
23-7265395

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MORGENSTERN, CLARA
13311 NEPTUNE DRIVE
HUDSON FL 34667**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME **PD MORGENSTERN, CLARA**
STREET ADDRESS **13311 NEPTUNE DRIVE**
CITY-ST-ZIP **HUDSON FL 34667**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DELETE
NAME **VPD VAN HORN, DAVID**
STREET ADDRESS **12824 WATERBURY AVE**
CITY-ST-ZIP **HUDSON FL 34667**

2.1 TITLE Change Addition
2.2 NAME **VPD GENE TOPARCEAN**
2.3 STREET ADDRESS **7207 FIRESIDE DR**
2.4 CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE DELETE
NAME **SD DECURZIO, VIOLA**
STREET ADDRESS **7815 DUCK POND CT.**
CITY-ST-ZIP **HUDSON FL 34667**

3.1 TITLE Change Addition
3.2 NAME **SD RUTH HELBIG**
3.3 STREET ADDRESS **8130 BRADDOCK CIR #2**
3.4 CITY-ST-ZIP **TIMBER OAKS PORT RICHEY FL 34668**

TITLE DELETE
NAME **TD YUHOS, ANDREW**
STREET ADDRESS **10322 CHOICE DRIVE**
CITY-ST-ZIP **PORT RICHEY FL 34668**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change 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: *Andrew Yuhos* TJD 2/7/96 813-862-3049
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)