

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

**FILED**  
**May 08 1997 8:00am**  
**Secretary of State**

<b>NONPROFIT CORPORATION ANNUAL REPORT 1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 725995 (5)**

1. Corporation Name  
**PORT -RICHEY - HUDSON CHAPTER 1357 OF AMERICAN ASSOCIATION OF RETIRED PERSONS INC.**

Principal Place of Business	Mailing Address
<b>Clara Morgenstern 8253 Hixton Dr. Port Richey, Fla. 34668</b>	<b>Same</b>

3. Date Incorporated or Qualified <b>04/03/1973</b>	3a. Date of Last Report <b>1996</b>
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2. Principal Place of Business <b>8253 Hixton Dr. Port Richey, Fla. 34668</b>	2a. Mailing Address <b>SAME</b>
21. City & State	27. City & State
23. Zip	29. Zip
25. Country	31. Country

4. FEI Number <b>23-7265395</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MORGENSTERN, CLARA  
8253 Hixton Dr.  
Port Richey, Fla. 34668**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>MORGENSTERN, CLARA</b>	
STREET ADDRESS	<b>8253 Hixton Dr.</b>	
CITY- ST- ZIP	<b>Port Richey, Fla. 34688</b>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>TOPARCEAN, EUGENE</b>	
STREET ADDRESS	<b>7207 Fireside Dr.</b>	
CITY- ST- ZIP	<b>Port Richey, Fla. 34668</b>	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	<b>HELBIG, RUTH</b>	
STREET ADDRESS	<b>8130 BRADDOCK CI.2</b>	
CITY- ST- ZIP	<b>Port Richey, Fl. 34668</b>	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	<b>CHEPREN, LORRAINE</b>	
STREET ADDRESS	<b>7214 Jeanne Ave.</b>	
CITY- ST- ZIP	<b>Bayonet Pt., Fla. 34667</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>200002184982</b>
5.3 STREET ADDRESS	<b>-05/20/97--01051--012</b>
5.4 CITY- ST- ZIP	<b>***61.25</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

**CS 5/18/97**

14. I do 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.

SIGNATURE: *Clara Morgenstern*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Clara Morgenstern President**

Date: **5/3/97** Telephone: **813-862-9414**

CR2E037 (9/96)