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NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # 736239 (5)

1. Corporation Name

PALM BAY CHAPTER #2622 OF AMERICAN ASSOCIATION O F RETIRED PERSONS, INC.

Principal Place of Business	Mailing Address
415 NEIGHBORLY CT. PALM BAY FL 32907 US	415 NEIGHBORLY CT. PALM BAY FL 32907-2140 US

3. Date Incorporated or Qualified: 06/29/1976
3a. Date of Last Report: 05/14/1996

2. Principal Place of Business
21: 1418 HERNDON CIR. NE
Suite, Apt. #, etc. 22:
City & State 23: PALM BAY, FL 32905
Zip 24: 32905 Country 25: BREVARD

2a. Mailing Address
26: 1418 HERNDON CIR. NE
Suite, Apt. #, etc. 27:
City & State 28: PALM BAY, FL 32905
Zip 29: 32905 Country 30: BREVARD

4. FEI Number: 95-3029898 ☐ 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

TURNER, GEORGE E.
1327 ARITON AVE. NE
PALM BAY FL 32907

10. Name and Address of New Registered Agent

81 Name: GEO. E. TURNER
82 Street Address (P.O. Box Number is Not Acceptable): 1327 ARITON AVE NE
83: PALM BAY, FLORIDA 32907
84 City: FL 85 Zip Code: 32907

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: ✓ George Jansen
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	P	☑ DELETE	1.1 TITLE	P	☑ Change ☐ Addition
NAME	KING, JAMES E.		1.2 NAME	BERT McIVER	
STREET ADDRESS	898 CHAMPION DR. NE		1.3 STREET ADDRESS	1659 AVERY RD NE	
CITY-ST-ZIP	PALM BAY FL 32905		1.4 CITY-ST-ZIP	PALM BAY, FLORIDA 32905	
TITLE	V	☑ DELETE	2.1 TITLE	V	☑ Change ☐ Addition
NAME	TURNER, GEORGE E.		2.2 NAME	CHARLES MELLERUP	
STREET ADDRESS	1327 ARITON AVE. NE		2.3 STREET ADDRESS	415 NEIGHBORLY CT NE	
CITY-ST-ZIP	PALM BAY FL 32907		2.4 CITY-ST-ZIP	PALM BAY FLORIDA 32907	
TITLE	D	☐ DELETE	3.1 TITLE	D	☑ Change ☐ Addition
NAME	PETER, JANNONE		3.2 NAME	PETER JANNONE	
STREET ADDRESS	P.O. BOX 50049 N/A		3.3 STREET ADDRESS	PO BOX 50049 N/A	
CITY-ST-ZIP	MALABAR FL 32950		3.4 CITY-ST-ZIP	MALABAR, FLORIDA 32950	
TITLE	D	☑ DELETE	4.1 TITLE	D	☑ Change ☐ Addition
NAME	HETZLER, IRENE		4.2 NAME	GEORGE TURNER	
STREET ADDRESS	580 JANUS RD.		4.3 STREET ADDRESS	1327 ARITON AVE NE	
CITY-ST-ZIP	PALM BAY FL 32907		4.4 CITY-ST-ZIP	PALM BAY, FLORIDA 32907	
TITLE	T	☑ DELETE	5.1 TITLE	T	☑ Change ☐ Addition
NAME	MELLERUP, CHARLES		5.2 NAME	GEORGE JANSEN	
STREET ADDRESS	415 NEIGHBOR COURT		5.3 STREET ADDRESS	1418 HERNDON CIR. NE	
CITY-ST-ZIP	PALM BAY FL 3290$ 7		5.4 CITY-ST-ZIP	PALM BAY, FLORIDA 32905	
TITLE	S	☑ DELETE	6.1 TITLE	S	☑ Change ☐ Addition
NAME	MCIVER, CLARA		6.2 NAME	GEORGE SENTNER	
STREET ADDRESS	1659 AVERY RD. NE		6.3 STREET ADDRESS	1664 SONNY BROOK LANE NE	
CITY-ST-ZIP	PALM BAY FL 32905		6.4 CITY-ST-ZIP	PALM BAY, FLORIDA 32907	

CR2E037 (9/96)

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: ✓ George Jansen REQUIRED 1-24-97 407-723-3488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0018901