

**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 # 740325 (6)**

1. Corporation Name  
**BROOKSVILLE, FLORIDA CHAPTER #2975 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.**



Principal Place of Business Mailing Address  
**%CHRIST LUTHERAN CHURCH  
475 N. AVE. W.  
BROOKSVILLE FL 34601** **1321 CANDLELIGHT BLVD.  
BROOKSVILLE FL 34601  
US**

3. Date Incorporated or Qualified **10/05/1977** 3a. Date of Last Report **02/01/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	<b>95-3156396</b>	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
23	28		
Zip	Country		
24	25		
	29		
	30		

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**PERRY, THOMAS  
7296 ASHBROOK DR  
BROOKSVILLE FL 34601**

81 Name	<b>PERRY, THOMAS</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>7296 ASHBROOK DR.</b>
83 City	<b>BROOKSVILLE</b>
84 City	<b>BROOKSVILLE FL</b>
85 Zip Code	<b>34601</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 *Thomas Perry* (NOTE: Registered Agent signature required when reinstating) *January, 1996* DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1.1 TITLE	<b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STRAIT, ELISABETH</b>	1.2 NAME	<b>SCHMOKEL, ROBERT</b>
STREET ADDRESS	<b>200 DRYDEN PLACE, APT 38</b>	1.3 STREET ADDRESS	<b>900 N. BROAD ST.</b>
CITY-ST-ZIP	<b>BROOKSVILLE FL</b>	1.4 CITY-ST-ZIP	<b>BROOKSVILLE, FL. 34601</b>
TITLE	<b>V</b>	2.1 TITLE	<b>VICE PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHMOKEL, ROBERT</b>	2.2 NAME	<b>JONE, IRIS</b>
STREET ADDRESS	<b>900 N. BROAD ST.</b>	2.3 STREET ADDRESS	<b>900 N. BROAD ST.</b>
CITY-ST-ZIP	<b>BROOKSVILLE FL</b>	2.4 CITY-ST-ZIP	<b>BROOKSVILLE, FL. 34601</b>
TITLE	<b>T</b>	3.1 TITLE	<b>TREASURER</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ABBOTT, CAROLYN</b>	3.2 NAME	<b>ABBOTT, CAROLYN</b>
STREET ADDRESS	<b>1321 CANDLELIGHT BLVD</b>	3.3 STREET ADDRESS	<b>1321 CANDLELIGHT BLVD.</b>
CITY-ST-ZIP	<b>BROOKSVILLE FL</b>	3.4 CITY-ST-ZIP	<b>BROOKSVILLE, FL. 34601</b>
TITLE	<b>D</b>	4.1 TITLE	<b>DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCOTT, EILEEN</b>	4.2 NAME	<b>SCHMOKEL, LUCILLE</b>
STREET ADDRESS	<b>965 CANDLELIGHT BLVD</b>	4.3 STREET ADDRESS	<b>900 N. BROAD ST.</b>
CITY-ST-ZIP	<b>BROOKSVILLE FL</b>	4.4 CITY-ST-ZIP	<b>BROOKSVILLE, FL. 34601</b>
TITLE	<b>D</b>	5.1 TITLE	<b>DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WINKLER, RUTH</b>	5.2 NAME	<b>MILLER, KENNETH</b>
STREET ADDRESS	<b>28264 WILDLIFE LN</b>	5.3 STREET ADDRESS	<b>900 N. BROAD ST.</b>
CITY-ST-ZIP	<b>BROOKSVILLE FL</b>	5.4 CITY-ST-ZIP	<b>BROOKSVILLE, FL. 34601</b>
TITLE	<b>D</b>	6.1 TITLE	<b>DIRECTOR</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THOMAS, PERRY</b>	6.2 NAME	<b>PERRY, THOMAS</b>
STREET ADDRESS	<b>7296 ASHBROOK DRIVE</b>	6.3 STREET ADDRESS	<b>7296 ASHBROOK DR.</b>
CITY-ST-ZIP	<b>BROOKSVILLE FL</b>	6.4 CITY-ST-ZIP	<b>BROOKSVILLE, FL. 34601</b>

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: *Carolyn S. Abbott* (CAROLYN S. ABBOTT) 1-22-96 352-799-8759  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)