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Feb 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 740325 (6)

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



Principal Place of Business %CHRIST LUTHERAN CHURCH 475 N. AVE. W. BROOKSVILLE FL 34601	Mailing Address 1321 CANDLELIGHT BLVD. BROOKSVILLE FL 34601-9011 US
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3. Date Incorporated or Qualified 10/05/1977	3a. Date of Last Report 01/29/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 95-3156396	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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

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

10. Name and Address of New Registered Agent

81 Name PERRY, THOMAS
82 Street Address (P.O. Box Number is Not Acceptable) 7296 ASHBROOK DR.
83
84 City BROOKSVILLE
85 Zip Code FL 34601

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 NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> DELETE SCHMOKEL, ROBERT 900 N BROAD ST BROOKSVILLE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> DELETE JONE, IRIS 900 N BROAD ST BROOKSVILLE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> DELETE ABBOTT, CAROLYN 1321 CANDLELIGHT BLVD BROOKSVILLE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> DELETE SCHMOKEL, LUCILLE 900 N BROAD ST BROOKSVILLE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> DELETE MILLER, KENNETH 900 N BROAD ST BROOKSVILLE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> DELETE THOMAS, PERRY 7296 ASHBROOK DRIVE BROOKSVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition P. STRAIT, ELISABETH 215 S. COURTNEY PKWY, # 35 MERRIT ISLAND, FL. 32952-4513
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition V ROMIG, FRANCES 7459 MITCHELL RD. BROOKSVILLE, FL. 34601
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition T ABBOTT, CAROLYN S. 1321 CANDLELIGHT BLVD. BROOKSVILLE, FL. 34601
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition D VANSUSTERN, JOHN 900 N. BROAD ST - LOT 2089 BROOKSVILLE, FL. 34601
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition D VANSUSTERN, HELEN 900 N. BROAD ST. LOT. 2089 BROOKSVILLE, FL. 34601
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition D WISE, VIRGIL 6492 CEDAR SIDE BROOKSVILLE, FL. 34601

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: **CAROLYN S. ABBOTT**
Carolyn S. Abbott
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: **1-22-97**
Daytime Phone #: **0066247**

CP2E037 (9/96)