## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

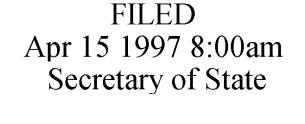


FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 761880 (4)
Sorporation Napa mna -Palma Cela Chaloter
RALMA CEIA-TAMPA CHARTER #3401 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.



IATION OF RETIRED PERSONS, INC.		
Principal Place of Business Mailing Address 1 0 C C 8		
4851 W CANDY 3501 San Jose Ave 4851 W CANDY 3211 Swann Ave. TAMPA FL 33611 TAMPA FL 33611-9699 4671		
Us 3. Date Incorporated or Qualified 3a. Date of 02/09/1982 3a. Date of 04/3	Last Report 0/1996	
2. Principal Place of Business 2a. Mailing Address 4. FEI Number NOT APPLICABLE	Applied For Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.	3.75 Additional	
├── I 5 Certificate of Status Desired I I	Fee Required	
01.40.4	5.00 May Be	
	Added to Fees	
Zip Country Zip Country 8. This corporation has liability for intangible tax u		
24 25 29 30 Florida Statutes Yes 🔼 No	,	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agen	t	
1 Name GEE THEDA F,		
ARKIN, LAURA  82 Street Address (P.O. Box Number is Not Acceptable)  3211 Swann Ave, #709		
TAMPA, FL		
TAMPA FL 33629	7 7 Cords	
B4   City TAMPA FL   B5	39609	
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 Thida 7. Lee 2/3/97		
Signature, typod 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		
	change	
NAME MCCORD, JULIA A 1.2 NAME	3 [	
STREET ADDRESS 4209 W. SEVILLA 1.3 STREET ADDRESS	[	
CITY-ST-ZIP TAMPA FL 33629 1.4 CITY-ST-ZIP		
	Change L Addition C	
NAME PEREIRA, R.BRUCE 22 NAME	}	
STREET ADDRESS 4208 LYNWOOD AVE. 23 STREET ADDRESS		
CITY-ST-ZIP TAMPA, FL 00000 2 4 CITY-ST-ZIP		
TITLE DELETE 31 TITLE P	hange Addition	
NAME GEE, THEDA 32 NAME		
STREET ADDRESS 3211 SWAN AVENUE #709  TAMBA SI 2000 277 A CO-ALL DI		
CITY-ST-ZIP TAMPA, FL 90900 33609-4671 34.CITY-ST-ZIP		
TITLE D MANE IRWIN, CHARLES 4.1 TITLE DJGE Haenn	hange 🔼 Addition	
ALCOHOLDEAUC ENCHIC	ļ	
STREET ADDRESS 145 CHESAPEAKE AVENUE 43 STREET ADDRESS 350/ COPONQ 74 VE	>	
CITY-ST-ZIP TAMPA, FL 00000 44CITY-ST-ZIP Tampa, FL 33629	7	
STREET ADDRESS  CITY-ST-ZIP  TAMPA, FL 00000  TAMPA, FL 00000  TAMPA, FL 00000  TAMPA, FL 00000  TO MPA, FL 336.29  TITLE  CS  NAME  CARPENTER, EVELYN  STREET ADDRESS  CITY-ST-ZIP  TAMPA FL 33611  DELETE  5.3 STREET ADDRESS  6.1 TITLE  TAMPA FL 33611  DELETE  6.1 TITLE  TAMPA FL 33611	hange 🔀 Addition	
NAME CARPENTER, EVELYN  5.2 NAME  DARLING  ON ANT ADT O	ve.	
STREET ADDRESS 5001 FAIROAKS AVE APT 8 5.3 STREET ADDRESS 3.524 TENANE 55EE A		
CITY-ST-ZIP TAMPA FL 33611 54CITY-ST-ZIP TAM PA, FL, 3362,9		
	hanna Audition	
	hange Addition	
NAME SUTER, CHARLES 62 NAME	hange Addition	
	hange Addition	

4. I do hereby certify that the information supplied with this filing does not quality 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.

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Theda To Hee

12/01

(813)872-6817