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Apr 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 761880 (4)
1. Corporation Name
South Tampa - Palma Ceia Chapter
PALMA CEIA-TAMPA CHAPTER #3401 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.



Principal Place of Business Mailing Address
4951 W GANDY 3501 San Jose Ave. Tampa FL 33611 US
Theda Gee 3211 Swann Ave. #709 Tampa FL 33611-0000 4671 US

3. Date Incorporated or Qualified 02/09/1982
3a. Date of Last Report 04/30/1996

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

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
LARKIN, LAURA 4951 W GANDY 7-16 TAMPA, FL TAMPA FL 33629		B1 Name	GEE, THEDA F.
		B2 Street Address (P.O. Box Number is Not Acceptable)	3211 Swann Ave. #709
		B3	
		B4 City	TAMPA
		FL	85 Zip Code 33609

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 *Theda F. Gee* DATE 2/3/97

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCORD, JULIA A	1.2 NAME	
STREET ADDRESS	4209 W. SEVILLA	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33629	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREIRA, R. BRUCE	2.2 NAME	
STREET ADDRESS	4208 LYNWOOD AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 00000	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEE, THEDA	3.2 NAME	
STREET ADDRESS	3211 SWAN AVENUE #709	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 00000 33609-4671	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	IRWIN, CHARLES	4.2 NAME	D Joe Haenn
STREET ADDRESS	145 CHESAPEAKE AVENUE	4.3 STREET ADDRESS	3501 Corona Ave.
CITY-ST-ZIP	TAMPA, FL 00000	4.4 CITY-ST-ZIP	Tampa, FL 33629
TITLE	CS	5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARPENTER, EVELYN	5.2 NAME	ES DARLING, DOTTIE
STREET ADDRESS	5001 FAIROAKS AVE APT 8	5.3 STREET ADDRESS	8.527 TENNESSEE AVE.
CITY-ST-ZIP	TAMPA FL 33611	5.4 CITY-ST-ZIP	TAMPA, FL. 33629
TITLE	T	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUTER, CHARLES	6.2 NAME	
STREET ADDRESS	4209 NEPTUNE ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33629	6.4 CITY-ST-ZIP	

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: *Theda F. Gee* DATE: 2/3/97 (813) 872-6817

CR2E037 (9/96)