FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 18 AM 7:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **765362** **(9)**

1. Corporation Name

OKALOOSA COUNTY CHAPTER #3493 OF AMERICAN ASSOCI ATION OF RETIRED PERSONS, INC.

Principal Place of Business	Mailing Address
214 WRIGHT PARKWAY FT. WALTON BCH. FL 32548-4171	214 WRIGHT PARKWAY FT. WALTON BCH. FL 32548-4171

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/11/1982
3a. Date of Last Report: 05/01/1994
4. FEI Number: 95-3764605 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

AUSTIN, GEORGE M., JR.
214 WRIGHT PARKWAY
FT. WALTON BCH. FL 32548

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE George M. Austin Jr. 3/29/95
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	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	MCKENDRY, STUART	1.2 NAME	
STREET ADDRESS	316 PRISCILLA DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. WALTON BCH. FL 32548	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☒ Change ☐ Addition
NAME	WYATT, MARGARET	2.2 NAME	AMARO, CESAR
STREET ADDRESS	419 BENNING DR.	2.3 STREET ADDRESS	814 N. LAKESIDE DR.
CITY-ST-ZIP	DESTIN FL 32541	2.4 CITY-ST-ZIP	DESTIN, FL 32541
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	HALL, GAYLORD	3.2 NAME	
STREET ADDRESS	329 CORAL DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST WALTON BEACH FL 32548	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☒ Change ☐ Addition
NAME	DAVIS, SELMA	4.2 NAME	GIFFORD, JEAN
STREET ADDRESS	40 WINDHAM ST #316	4.3 STREET ADDRESS	205 PALERMO LANE
CITY-ST-ZIP	FT.WALTON BCH. FL	4.4 CITY-ST-ZIP	FT. WALTON BEACH, FL 32547
TITLE	D	5.1 TITLE	☒ Change ☐ Addition
NAME	AUSTIN, GEORGE M JR	5.2 NAME	GORMAN, WILLIAM
STREET ADDRESS	214 WRIGHT PARKWAY	5.3 STREET ADDRESS	410 GREENACRE RD.
CITY-ST-ZIP	FT. WALTON BEACH FL 32548	5.4 CITY-ST-ZIP	FT. WALTON BEACH, FL 32547
TITLE	D	6.1 TITLE	☒ Change ☐ Addition
NAME	AUSTIN, MARIAN	6.2 NAME	DILLON, ETHEL
STREET ADDRESS	214 WRIGHT PARKWAY	6.3 STREET ADDRESS	~~P.O. BOX 473~~ NA
CITY-ST-ZIP	FT WALTON BCH FL	6.4 CITY-ST-ZIP	MARY ESTHER, FL 32569

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)(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: Gaylord L Hall GAYLORD L. HALL 24 March 1995 904-244-2916
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

007(147