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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -7 AM 10:49

DOCUMENT # 768254 (5)

1. Corporation Name
SANLANDO CHAPTER #3578 OF AMERICAN ASSOCIATION O F RETIRED PERSONS, INC.

Principal Place of Business	Mailing Address
95 ESCONDIDO ALTAMONTE SPRINGS FL 32701 US	95 ESCONDIDO ALTAMONTE SPRINGS FL 32701 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/03/1983
3a. Date of Last Report: 04/25/1994
4. FEI Number: 95-3827768 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 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

BRUCKEN, GEORGE
200 ST ANDREWS BLVD
STE 2206
WINTER PARK FL 32792

10. Name and Address of New Registered Agent

81 Name: CONNEE FLORIO
82 Street Address (P.O. Box Number is Not Acceptable): 95 eascondido
83:
84 City: Altamonte Springs FL 85 Zip Code: 32701

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: Connee Florio, Pres. CONNEE FLORIO 4-3-95
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	VP	11 TITLE		☐ Change ☐ Addition
NAME	O'MALLEY, IRETA	12 NAME		
STREET ADDRESS	275 E CENTRAL PWY 528	13 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	14 CITY-ST-ZIP		
TITLE	S	21 TITLE		☒ Change ☐ Addition
NAME	LEFEVRE, RUTH	22 NAME	S MARJORIE ATHENS	
STREET ADDRESS	503 OAK HAVE DR	23 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	24 CITY-ST-ZIP	102 Toula Ave., Longwood, FL	
TITLE	T	31 TITLE	T	☒ Change ☐ Addition
NAME	BOWMAN, WILLIAM	32 NAME	ELIZABETH ROY	
STREET ADDRESS	489 OAK HAVEN DR	33 STREET ADDRESS	1576 W Carolwood Blvd,	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	34 CITY-ST-ZIP	Fern Park, FL	
TITLE	P	41 TITLE		☐ Change ☐ Addition
NAME	FLORIO, CONNIE	42 NAME		
STREET ADDRESS	95 ESCONDIDO	43 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONE SPGS FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE	PAUL HOLMBERG D	☒ Change ☐ Addition
NAME	WOOD, VIRGINIA	52 NAME	1406 Cardinal St.	
STREET ADDRESS	400 VALENCIA CT.	53 STREET ADDRESS	Longwood, FL	
CITY-ST-ZIP	LONGWOOD FL	54 CITY-ST-ZIP		
TITLE	D	61 TITLE	D	☒ Change ☐ Addition
NAME	WYATT, DONALD	62 NAME	MARY TROKE	
STREET ADDRESS	458 ELLSWORTH STR	63 STREET ADDRESS	530 Cranes Way #301	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	64 CITY-ST-ZIP	Altamonte Springs, FL	

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: Connie Florio CONNEE FLORIO (407) 260-1247
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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