FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

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

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 503 OAK HAVEN DR. ALTAMONTE SPRINGS FL 32701	503 OAK HAVEN DR. ~~95 ESCONDIDO~~ ALTAMONTE SPRINGS FL 32701 US

2. Principal Place of Business		2a. Mailing Address	
21	503 Oak Haven Drive	26	503 Oak Haven Drive
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23	Altamonte Springs, FL	City & State 28	Altamonte Springs, FL
Zip 24	32701	Country 25	Seminole
Zip 29	32701	Country 30	Seminole

3. Date Incorporated or Qualified: 05/03/1983
3a. Date of Last Report: 04/07/1995
4. FEI Number: 95-3827768 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. **Name and Address of Current Registered Agent**

FLORIO, CONNEE
95 EASCONDIDO
ALTAMONTE SPRINGS FL 32701

10. **Name and Address of New Registered Agent**

81 Name: Ruth LeFevre
82 Street Address (P.O. Box Number is Not Acceptable): 503 Oak Haven Drive
83
84 City: Altamonte Springs **FL** 85 Zip Code: 32701

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: Ruth LeFevre DATE: 3-27-96
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VP O'MALLEY, IRETA 275 E CENTRAL PWY 528 ALTAMONTE SPRINGS FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	VP Natdiallo, Eileen 2396 Westwood Dr. Longwood FL 32779	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ATHENS, MARJORIE 102 TOULA AVE LONGWOOD FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	S Wilson, Harriet P.O. Box 4754 Winter Park FL 32793 (N/A)	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ROY, ELIZABETH 1576 W CAROLWOOD BLVD FERN PARK FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	T Florio, Connee 95 Escondido Altamonte Springs FL 32701	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P FLORIO, CONNIE 95 ESCONDIDO ALTAMONE SPGS FL	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	P LeFevre, Ruth 503 Oak Haven Drive Altamonte Springs, FL 32701	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOLMBERG, PAUL 1406 CARDINAL ST LONGWOOD FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	800001781058 -04/15/96--01139--004 ***61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TROKE, MARY 530 CRANES WAY #301 ALTAMONTE SPRINGS FL	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

DCB 4-15-96

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)(k), 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: Ruth LeFevre — Ruth LeFevre — 2/3/96 — 407-834-1929
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)