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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
**1997**

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 |
|---|---|
| 503 OAK HAVEN DRIVE<br>ALTAMONTE SPRINGS FL 32701<br>US | 503 OAK HAVEN DRIVE<br>ALTAMONTE SPRINGS FL 32701-6319<br>US |

3. Date Incorporated or Qualified: 05/03/1983
3a. Date of Last Report: 04/15/1996

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

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**

LEFEVRE, RUTH
503 OAK HAVEN DRIVE
ALTAMONTE SPRINGS FL 32701

**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 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 _____ DATE
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 Vice President<br>NARDIELLO, EILEEN<br>2396 WESTWOOD DRIVE<br>LONGWOOD FL 32779 | ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | ☐ Change ☐ Addition<br>Secretary<br>BROCKEN, GEORGE A.<br>220 ST. ANDREWS PL #2206<br>WINTER PARK, FL 32792 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S Secretary<br>WILSON, HARRIET<br>P.O. BOX 4754 (NA)<br>WINTER PARK FL 32793 | ☒ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P President<br>LEFEVRE, RUTH<br>503 OAK HAVEN DRIVE<br>ALTAMONTE SPRINGS FL 32701 | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | ☐ Change ☐ Addition<br>Treasurer<br>BOZZACCO, ELIZABETH<br>275 E. CENTRAL PARKWAY #1611<br>ALTAMONTE SPRINGS, FL 32701 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T Treasurer<br>FLORIO, CONNEE<br>95 ESCONDIDO<br>ALTAMONTE SPRINGS FL 32701 | ☒ DELETE | 4.1 TITLE / 4. 2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D Director<br>HOLMBERG, PAUL<br>1406 CARDINAL ST<br>LONGWOOD FL | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D Director<br>TROKE, MARY<br>530 CRANES WAY #301<br>ALTAMONTE SPRINGS FL | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E037 (9/96)

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:** RUTH LEFEVRE, PRES Ruth LeFevre 1-27-97 407-834-1929
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #0012565