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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

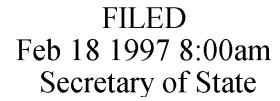
Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # 768326

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SUWANNEE CHAPTER #3574 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.





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Trust Fund Contribution Added to Zip Country Zip Country 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 61 Name GULICK, JAMES 252 LEON DRIVE SUWANNEE FL 32692 10. 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 office for 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 reagent Vam familiar with, and accept the obligations of, Section 617,0503, Florida Statutes.	Fees 199.032
Zip Country Zip Country S. This corporation has liability for intangible tax under s. 1 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 61 Name GULICK, JAMES 252 LEON DRIVE SUWANNEE FL 32692 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Country 85 Tip Country 86 City FL 86 Zip Country 10. Name and Address of New Registered Agent 87 Street Address (P.O. Box Number is Not Acceptable) 88 Street Address (P.O. Box Number is Not Acceptable) 89 Street Address (P.O. Box Number is Not Acceptable) 80 Street Address (P.O. Box Number is Not Acceptable)	
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CICKIATUDE TO A COLONG	000
SIGNATURE Signature. Typed or printed name of registered agent and trile if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	<i>77 /_</i>
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	IN 12
TITLE PD DELETE 1.1 TITLE Change	☐ Addition
NAME MOORE, FRANK 12 NAME	
STREET ADDRESS PO BOX 298 N/A 13 STREET ADDRESS	
CITY-ST-ZIP SUWANNEE FL 1.4 CITY-ST-ZIP	
TITLE VD DELETE 2.1 TITLE Change	Addition
NAME POHLMAN, JUNE 2.2 NAME	
STREET ADDRESS MULLET RD., P.O. BOX 13 N/A 2.3 STREET ADDRESS	
OLINIAN IPP TI ADAMA	
CITY-ST-ZIP SUWANNEE PL 32692 2.4 CITY-ST-ZIP TITLE SD DELETE 3.1 TITLE Change	Addition
NAME HILL SUSIE 32 NAME	- Video/1011
STREET ADDRESS PO BOX 334 N/A 3.3 STREET ADDRESS	
CITY-ST-ZIP SUWANNEE FL 3.4. CITY-ST-ZIP	
TITLE TD DELETE 4.1 TITLE Change	Addition
NAME ANSTINE, M. ALVA 4.2 NAME	
B A BOY ARA MILLS	
ALBURATE EL AGGO AZA	
	Addition
	- HUMBUR
AND A FISH ON	
AURICE TI ASSA	
CITY-SI-ZIP SUWANNEE FL 32892 5.4 CITY-SI-ZIP 5.4 CITY-SI-ZIP Change	Addition
	LYDIEDON I'''
NAME 6.2 NAME	
STREET ADDRESS 6.3 STREET ADDRESS	
CITY-ST-ZIP 64 CITY-ST-ZIP	

4. 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 legat effect as if made under oath; that I am an officer or director of the corporation or the receiver of 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

UNE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15 Jan 1997 (352)542-3446
Define Phone #0011992

3RZE037 (9/9)