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Feb 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **768326** (1)

1. Corporation Name

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



Principal Place of Business P.O. BOX 344, HIGHWAY 349 SUWANNEE FL 32692	Mailing Address P.O. BOX 344, HIGHWAY 349 SUWANNEE FL 32692-0344
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3. Date Incorporated or Qualified 05/09/1983	3a. Date of Last Report 03/06/1996
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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

4. FEI Number 95-3827764	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 GULICK, JAMES 252 LEON DRIVE SUWANNEE FL 32692	
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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: *James Gulick* **15 January 1997**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD ☐ DELETE
NAME	MOORE, FRANK
STREET ADDRESS	PO BOX 298 N/A
CITY - ST - ZIP	SUWANNEE FL
TITLE	VD ☐ DELETE
NAME	POHLMAN, JUNE
STREET ADDRESS	MULLET RD., P.O. BOX 13 N/A
CITY - ST - ZIP	SUWANNEE FL 32692
TITLE	SD ☐ DELETE
NAME	HILL, SUSIE
STREET ADDRESS	PO BOX 334 N/A
CITY - ST - ZIP	SUWANNEE FL
TITLE	TD ☐ DELETE
NAME	ANSTINE, M. ALVA
STREET ADDRESS	P. O. BOX 159, "N/A"
CITY - ST - ZIP	SUWANNEE FL 32692-0159
TITLE	D ☐ DELETE
NAME	GULICK, JAMES
STREET ADDRESS	252 LEON DR.
CITY - ST - ZIP	SUWANNEE FL 32692
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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: *M. Alva Anstine* **15 Jan 1997 (352) 542-3446**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0011092

CR2E037 (9/96)