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Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **768326** **(1)**

1. Corporation Name

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

Principal Place of Business	Mailing Address
P.O. BOX 344. HIGHWAY 349 SUWANNEE FL 32692	P.O. BOX 344. HIGHWAY 349 SUWANNEE FL 32692

3. Date Incorporated or Qualified: 05/09/1983

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

GULICK,JAMES
252 LEON DRIVE
SUWANNEE FL 32692

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 [signature] 21 January 1998
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	PD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	MOORE, FRANK		1.2 NAME	POHLMAN, JUNE	
STREET ADDRESS	PO BOX 298		1.3 STREET ADDRESS	MULLET RD., P.O.Box 13 N/A	
CITY-ST-ZIP	SUWANNEE FL		1.4 CITY-ST-ZIP	SUWANNEE FL 32692-0013	
TITLE	VD	☐ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	POHLMAN, JUNE		2.2 NAME	MOORE, FRANK	
STREET ADDRESS	MULLET RD., P.O. BOX 13 N/A		2.3 STREET ADDRESS	P O Box 298, N/A	
CITY-ST-ZIP	SUWANNEE FL 32692		2.4 CITY-ST-ZIP	SUWANNEE FL 32692-0298	
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HILL, SUSIE		3.2 NAME		
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		
[redacted]	P. O. BOX 159, "N/A"		4.3 STREET ADDRESS	~~P.O. Box 159~~, 647 HOLLY AVE.	
CITY-ST-ZIP	SUWANNEE FL 32692-0159		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GULICK, JAMES		5.2 NAME		
STREET ADDRESS	252 LEON DR.		5.3 STREET ADDRESS		
CITY-ST-ZIP	SUWANNEE FL 32692		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	000002423400	
STREET ADDRESS			6.3 STREET ADDRESS	-02/06/98--01023--025	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***61.25	

14. I 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: [signature] 1998

CR2E037 (10/97)