


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 06 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 # N03698 (0)					
1. Corporation Name WEST ORANGE CHAPTER #3697 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.					
Principal Place of Business HYDE PARK MBL. PK. 675 WEST STATE ROAD 50 WINTER GARDEN FL 34787 US			Mailing Address 818 BORDERS CIR. APT 11 ORLANDO FL 32808 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/15/1984	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		33-0042706	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip		Country		5. Certificate of Status Desired	
24		30		<input type="checkbox"/> Yes <input type="checkbox"/> No \$8.75 Additional Fee Required	
25		29		6. Election Campaign Financing	
				Trust Fund Contribution <input type="checkbox"/> Yes <input type="checkbox"/> No \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		7. Is this nonprofit corporation a homeowners association?	
SMITH, GRACE 780 LONDON BRIDGE WINTER GARDEN FL 34787		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

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:

MARY JANE SHANER

2/1/98

407-656-8091

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 001666

CR2E037 (10/97)