

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

APPROVED
AND
FILED

97 APR 30 PM 3:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 024281

1. Corporation Name
East Tallahassee Chapter #3996 of
American ASSO. of Retired Person, Inc.

Principal Place of Business

Mailing Address

40
Johanna Wilde
9601 Miccoske
Tally, Fl. 32308

SAME AS
ABOVE.

3. Date Incorporated or Qualified

3a. Date of Last Report

1/11/88

4-14-96

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 Same

27 Same

23 City & State

28 City & State

24 Zip

Country

29 Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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 Registered Agent

10. Name and Address of New Registered Agent

Jack W. Sperling
4090 Bungle View
Tallahassee, Fl. 32311

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: Edward D. Paschall

4-30-97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P. Jack W. Sperling
NAME 4090 W. Bungle View
STREET ADDRESS Tallahassee, Fl. 32311
CITY-ST-ZIP

TITLE V Jack Bell
NAME 1516 Woodgate Way
STREET ADDRESS Tally, Fl. 32308
CITY-ST-ZIP

TITLE T Robert Lipsey
NAME 3129 Lookout Trail
STREET ADDRESS Tally, Fl. 32308
CITY-ST-ZIP

TITLE D Jerry Gerry
NAME 3914 Leanne Dr.
STREET ADDRESS Tally, Fl. 32308
CITY-ST-ZIP

TITLE 500002170035
NAME -05/07/97--01103--005
STREET ADDRESS *****61.25 *****61.25
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

1.1 TITLE P Johanna Wilde
1.2 NAME 9601 Miccoske
1.3 STREET ADDRESS Tally, Fl. 32308
1.4 CITY-ST-ZIP

2.1 TITLE P Robert Lipsey
2.2 NAME 3129 Lookout Trail
2.3 STREET ADDRESS Tally, Fl. 32308
2.4 CITY-ST-ZIP

3.1 TITLE T William Wilde
3.2 NAME 9601 Miccoske
3.3 STREET ADDRESS Tally, Fl. 32308
3.4 CITY-ST-ZIP

4.1 TITLE S Herbert Hamm
4.2 NAME 1511 Bowmand
4.3 STREET ADDRESS Tally, Fl. 32308
4.4 CITY-ST-ZIP

5.1 TITLE D Edward D. Paschall
5.2 NAME 1923 Atapha Neve
5.3 STREET ADDRESS Tally, Fl. 32301
5.4 CITY-ST-ZIP

6.1 TITLE D Harnet Temanson
6.2 NAME 2045 Ermine Dr.
6.3 STREET ADDRESS Tally, Fl. 32308
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: Edward D. Paschall

4-30-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/96)