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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # N24281 (0)

1. Corporation Name

EAST TALLAHASSEE CHAPTER #3996 OF AMERICAN ASSOC IATION OF RETIRED PERSONS, INC.

Principal Place of Business	Mailing Address
C/O JOHANNA WILDE 9601 MICCOSKEE TALLAHASSEE FL 32308	C/O JOHANNA WILDE 9601 MICCOSKEE TALLAHASSEE FL 32308

3. Date Incorporated or Qualified: 01/11/1988

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Aulta Lawton	26 Aulta Lawton
Suite, Apt. #, etc. 22 1239 Breckenridge Rn	Suite, Apt. #, etc. 27 1239 Breckenridge Rn.
City & State 23 Tallahassee FL	City & State 28 Tallahassee FL
Zip / Country 24 32311 / 25 Leon	Zip / Country 29 32311 / 30 Leon

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SPERLING,JACK W. 4090 BUNGLE VIEW TALLAHASSEE FL 32311	81 Name: Robert Lipsey 82 Street Address (P.O. Box Number is Not Acceptable): 3129 Lookout Trail 83 City: Tallahassee 32308 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: Robert D. Lipsey — March 5, 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	P	☒ DELETE	1.1 TITLE	P	☑ Change ☐ Addition
NAME	WILDE, JOHANNA		1.2 NAME	Aulta Lawton	
STREET ADDRESS	9601 MICCOSKEE		1.3 STREET ADDRESS	1239 Breckenridge Run	
CITY-ST-ZIP	TALLAHASSEE FL 32308		1.4 CITY-ST-ZIP	Tallahassee FL 32311	
TITLE	VP	☒ DELETE	2.1 TITLE	VP	☑ Change ☐ Addition
NAME	LIBSEY, ROBERT		2.2 NAME	Joseph Gerry	
STREET ADDRESS	3129 LOCKOUT TRAIL		2.3 STREET ADDRESS	3919 Leanne Dr.	
CITY-ST-ZIP	TALLAHASSEE FL 32308		2.4 CITY-ST-ZIP	Tallahassee FL 32308	
TITLE	T	☒ DELETE	3.1 TITLE	T	☑ Change ☐ Addition
NAME	HAMM, HERBERT		3.2 NAME	Robert Lipsey	
STREET ADDRESS	1511 BOWMAND		3.3 STREET ADDRESS	3129 Lookout Trail	
CITY-ST-ZIP	TALLAHASSEE FL 32308		3.4 CITY-ST-ZIP	Tallahassee FL 32308	
TITLE	D	☒ DELETE	4.1 TITLE	D	☑ Change ☐ Addition
NAME	GERRY, JERRY		4.2 NAME	Ann Gerry	
STREET ADDRESS	3914 LEANNE DRIVE		4.3 STREET ADDRESS	3919 Leanne Dr.	
CITY-ST-ZIP	TALLAHASSEE FL 32308		4.4 CITY-ST-ZIP	Tallahassee FL 32308	
TITLE	D	☒ DELETE	5.1 TITLE	D.	☑ Change ☐ Addition
NAME	PASCHALL, EDWARD D		5.2 NAME	Jean Newberry	
STREET ADDRESS	1923 ATAPHA NEVE		5.3 STREET ADDRESS	816 Piedmont Dr.	
CITY-ST-ZIP	TALLAHASSEE FL 32301		5.4 CITY-ST-ZIP	Tallahassee FL 32312	
TITLE	D	☒ DELETE	6.1 TITLE	D	☑ Change ☐ Addition
NAME	TEMANSON, HARRIET		6.2 NAME	Louise Pelletier	
STREET ADDRESS	2045 ERMINE DR.		6.3 STREET ADDRESS	517 Concord Rd.	
CITY-ST-ZIP	TALLAHASSEE FL 32308		6.4 CITY-ST-ZIP	Tallahassee FL 32308	

CR2E037 (10/97)

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: AULTA LAWTON Aulta Lawton — 3/5/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # [redacted]