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02-23-1999 90103 008 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N24281**

1. Corporation Name
EAST TALLAHASSEE CHAPTER #3996 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business	Mailing Address
AULTA LAWTON 1239 BRECKENRIDGE RUN TALLAHASSEE FL 32311 US	AULTA LAWTON 1239 BRECKENRIDGE RUN TALLAHASSEE FL 32311 US

2. Principal Place of Business 21 HERBERT HAMM Suite, Apt. #, etc. 22 1511 BOWMAN DRIVE City & State 23 TALLAHASSEE, FL Zip 24 32308 Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualifed 01/11/1988 4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LIPSEY, ROBERT 3129 LOOKOUT TRAIL TALLAHASSEE FL 32308	81 Name: AULTA LAWTON 82 Street Address (P.O. Box Number is Not Acceptable): 1239 BRECKENRIDGE RUN 83 84 City: TALLAHASSEE FL 85 Zip Code: 32311-4073

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: Aulta Lawton (AULTA LAWTON) 1/7/99
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	LAWTON, AULTA		1.2 NAME	HERBERT HAMM	
STREET ADDRESS	1239 BRECKENRIDGE RUN		1.3 STREET ADDRESS	1511 BOWMAN DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32311		1.4 CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	VP	☐ DELETE	2.1 TITLE	V.P	☑ Change ☐ Addition
NAME	GERRY, JOSEPH		2.2 NAME	EDWIN FOUST	
STREET ADDRESS	3919 LEANNE DR		2.3 STREET ADDRESS	3201 MICCOSUKEE RD. 10B	
CITY-ST-ZIP	TALLAHASSEE FL 32308		2.4 CITY-ST-ZIP	TALLAHASSEE 32308	
TITLE	T	☐ DELETE	3.1 TITLE	T	☑ Change ☐ Addition
NAME	LIPSEY, ROBERT		3.2 NAME	AULTA LAWTON	
STREET ADDRESS	3129 LOOKOUT TRAIL		3.3 STREET ADDRESS	1239 BRECKENRIDGE RD.	
CITY-ST-ZIP	TALLAHASSEE FL 32308		3.4 CITY-ST-ZIP	TALLAHASSEE, FL 32311-4073	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GERRY, ANN		4.2 NAME		
STREET ADDRESS	3919 LEANNE DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32308		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	NEWBERRY, JEAN		5.2 NAME		
STREET ADDRESS	816 PIEDMONT DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32312		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	PELLETIER, LOUISE		6.2 NAME		
STREET ADDRESS	517 CONCORD RD		6.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32308		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, with all other like empowered.

SIGNATURE: Herbert Hamm HERBERT HAMM (850) 942-1087
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)