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May 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P15666** (1)
1. Corporation Name

AMERICAN ASSOCIATION OF RETIRED PERSONS, INCORPORATED



Principal Place of Business 601 E. STREET N.W. ATTN: TAX TREASURY & REPORTING WASHINGTON DC 20049 US	Mailing Address 601 E. STREET N.W. ATTN: TAX TREASURY & REPORTING WASHINGTON DC 20049-0001 US
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3. Date Incorporated or Qualified 08/21/1987	3a. Date of Last Report 02/28/1996
4. FEI Number 95-1985500	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRAUN, BEATRICE S	1.2 NAME	Margaret A. Dixon
STREET ADDRESS	601 E STREET N.W.	1.3 STREET ADDRESS	601 E. Street N.W.
CITY-ST-ZIP	WASHINGTON DC	1.4 CITY-ST-ZIP	Washington DC 20049
TITLE	TD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAMPBELL, C KEITH	2.2 NAME	Esther Canja
STREET ADDRESS	601 E STREET N.W.	2.3 STREET ADDRESS	601 E. Street N.W.
CITY-ST-ZIP	WASHINGTON DC	2.4 CITY-ST-ZIP	Washington DC 20049
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, ANN	3.2 NAME	
STREET ADDRESS	601 E STREET N.W.	3.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TULL, ALLAN W	4.2 NAME	
STREET ADDRESS	601 E STREET N.W.	4.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC	4.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEHRMANN, EUGENE L	5.2 NAME	Abelicio M. Pena
STREET ADDRESS	601 E STREET N.W.	5.3 STREET ADDRESS	601 E. Street N.W.
CITY-ST-ZIP	WASHINGTON DC	5.4 CITY-ST-ZIP	Washington DC 20049
TITLE	VD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PERKINS, JOSEPH S	6.2 NAME	J. Kenneth Huff, Sr.
STREET ADDRESS	601 E STREET N.W.	6.3 STREET ADDRESS	601 E. Street N.W.
CITY-ST-ZIP	WASHINGTON DC	6.4 CITY-ST-ZIP	Washington DC 20049

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: President [Signature] **4-18-97** (202) 434-3246
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0076317

CR2E037 (9/96)