

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 702174 (4)**

1. Corporation Name

**ORLANDO CENTRAL FLORIDA CHAPTER OF AMERICAN ASSOCIATION OF RETIRED PERSONS INC**



Principal Place of Business

Mailing Address

**1721 CYPRESS RIDGE DR  
ORLANDO FL 32825  
US**

**1721 CYPRESS RIDGE DR  
ORLANDO FL 32825  
US**

3. Date Incorporated or Qualified  
**03/18/1961**

3a. Date of Last Report  
**04/06/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number

**59-6209761**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$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 Current Registered Agent

10. Name and Address of New Registered Agent

**CRANMER, FLORENCE  
1721 CYPRESS RIDGE DR  
ORLANDO FL 32825**

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

*Florence Cranmer Pres.*

(NOTE: Registered Agent signature required when reappointing)

**4/23/96**

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **WATSON, GEORGE**  
CITY - ST - ZIP **2861 HOLSTER WAY  
ORLANDO FL 32822**

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **WOOD, CLARENCE**  
CITY - ST - ZIP **1600 LADY SLIPPER CIR  
WINTER PARK FL**

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **D'ABREU, WILMA**  
CITY - ST - ZIP **3456 BUFFMAN COURT  
CASSELBERRY FL 32707**

TITLE ☐ DELETE  
NAME **P**  
STREET ADDRESS **CRANMER, FLORENCE**  
CITY - ST - ZIP **1721 CYPRESS RIDGE DR  
ORLANDO FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS

14 CITY - ST - ZIP ☐ Change ☐ Addition  
21 TITLE  
22 NAME  
23 STREET ADDRESS

24 CITY - ST - ZIP ☐ Change ☐ Addition  
31 TITLE  
32 NAME  
33 STREET ADDRESS

34 CITY - ST - ZIP ☐ Change ☐ Addition  
41 TITLE  
42 NAME  
43 STREET ADDRESS

44 CITY - ST - ZIP ☐ Change ☐ Addition  
51 TITLE  
52 NAME  
53 STREET ADDRESS

54 CITY - ST - ZIP ☐ Change ☐ Addition  
61 TITLE  
62 NAME  
63 STREET ADDRESS

64 CITY - ST - ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Florence Cranmer Pres.*

**4/23/96**

Date

Daytime Phone #

CR2E037 (12/95)