

FILE NOW: FILING FEE IS \$61.25.

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 705296 (2)

1. Corporation Name

DUNEDIN CHAPTER 46 OF THE AMERICAN ASSOCIATION OF  
F RETIRED PERSONS INCORPORATED

Principal Place of Business

% DONALD R. BOURDON  
138D HUNTER LAKE DRIVE  
OLDSMAR FL 34677

Mailing Address

% DONALD R. BOURDON  
138D HUNTER LAKE DRIVE  
OLDSMAR FL 34677

900001808559  
-05/06/96--01024--032  
\*\*\*61.25



3. Date Incorporated or Qualified  
05/25/1967

3a. Date of Last Report  
08/03/1995

4. FEI Number

59-6209758

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

2. Principal Place of Business

21 138D Hunter Lake Dr.

Suite, Apt. #, etc.

22 C/O Dorothy C. Bourdon

City & State

23 Oldsmar, Fl.

Zip

24 34677

Country

25 Pinellas

2a. Mailing Address

26 138D Hunter Lake Dr.

Suite, Apt. #, etc.

27 C/O Dorothy G. Bourdon

City & State

28 Oldsmar, Fl.

Zip

29 34677

Country

30 Pinellas

9. Name and Address of Current Registered Agent

MONROE, MILDRED  
1571 SANTA MONICA DR.  
DUNEDIN FL 34698

10. Name and Address of New Registered Agent

81 Name

SAME

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 617.1506, 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

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  
NAME BOURDON, DONALD R  
STREET ADDRESS 138D HUNTER LAKE DRIVE  
CITY-ST-ZIP OLDSMAR FL 34677 ☒ DELETE

TITLE V  
NAME DEMEIS, JOSEPH  
STREET ADDRESS 2460 NORTHSIDE DR., #150  
CITY-ST-ZIP CLEARWATER FL 34621 ☐ DELETE

TITLE S  
NAME CERKEL, MURIEL  
STREET ADDRESS 2472 CORONADO WAY  
CITY-ST-ZIP DUNEDIN FL 34698 ☒ DELETE

TITLE T  
NAME DOURDON, DOROTHY  
STREET ADDRESS 138D HUNTER LAKE DRIVE  
CITY-ST-ZIP OLDSMAR FL 34677 ☒ DELETE

TITLE D  
NAME SWANSON, HILDA  
STREET ADDRESS 986 SAN SALVADOR DRIVE  
CITY-ST-ZIP DUNEDIN FL 34698 ☐ DELETE

TITLE D  
NAME MONROE, MILDRED  
STREET ADDRESS 1571 SANTA MONICA DRIVE  
CITY-ST-ZIP DUNEDIN FL 34698 ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE BOURDON, DOROTHY G. ☐ Change ☒ Addition  
1.2 NAME PRESIDENT  
1.3 STREET ADDRESS 138D Hunter Lake Dr.  
1.4 CITY-ST-ZIP Oldsmar, Fl. 34677 ☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME SAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE S  
3.2 NAME MARGARET Garvin, Secretary ☐ Change ☒ Addition  
3.3 STREET ADDRESS 2005 Greenbriar Blvd.  
3.4 CITY-ST-ZIP Clearwater, Fl. 34623

4.1 TITLE T  
4.2 NAME Mildred Monroe, Treas. ☐ Change ☒ Addition  
4.3 STREET ADDRESS 1571 Santa Monica Drive  
4.4 CITY-ST-ZIP Dunedin, Fl. 34698

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS SAME  
5.4 CITY-ST-ZIP

6.1 TITLE D  
6.2 NAME Janet Demeis, Board Member ☐ Change ☒ Addition  
6.3 STREET ADDRESS 2460 Northside Dr., #150  
6.4 CITY-ST-ZIP Clearwater, Fl. 34621

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:

*Dorothy G. Bourdon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-96 855-0603

Date

Daytime Phone #

CR2E037 (12/95)