

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 710439 (1)

1. Corporation Name

SARASOTA CHAPTER NO. 96 OF AMERICAN ASSOCIATION
OF RETIRED PERSONS, INC.

300001483713

-05/11/95--01016--001

***9038.75 ***130.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business

622 SIESTA DR.

Mailing Address

SARASOTA FL 34239 34242

3. Date Incorporated or Qualified

02/28/1966

3a. Date of Last Report

05/01/1994

4. FEI Number

59-6194110

Applied For

Not Applicable

2. Principal Place of Business

21 622 SIESTA DR.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

23 SARASOTA FL

24 Zip 34242

27 Suite, Apt. #, etc.

27 City & State

28 SARASOTA FL

29 Zip 34242

30 Country

5. Certificate of Status Desired

\$6.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Added to Fees

7. Nonprofit with IRS 501(c)(3)

\$68.75 Supplemental

Fee Not Required

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

81 Name VICTOR SILVERMAN

82 Street Address (P.O. Box Number is Not Acceptable)

83 622 SIESTA DR.

84 City SARASOTA

FL

85 Zip Code 34242

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Victor Silverman

Victor Silverman

3/3/95

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME O'NAN, JACK
STREET ADDRESS 3012 SATSUMA DR.
CITY-ST-ZIP SARASOTA FL 34239

1.1 TITLE
1.2 NAME TEMPORARILY VACANT
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE V
NAME HOUSE, PEGGY
STREET ADDRESS 4504 2ND ST. CR. W.
CITY-ST-ZIP BRADENTON FL 34207

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

TITLE TD
NAME CLAIRESS, RUSSELL
STREET ADDRESS 4748 TRI PAR DR.
CITY-ST-ZIP SARASOTA FL 34234

3.1 TITLE
3.2 NAME TD SILVERMAN, VICTOR
3.3 STREET ADDRESS 622 SIESTA DR
3.4 CITY-ST-ZIP SARASOTA FL 34242

TITLE S
NAME PAMEROY, KAY
STREET ADDRESS 2415 TANGERINE
CITY-ST-ZIP SARASOTA FL 34239

4.1 TITLE
4.2 NAME SYLVIA PULCINI
4.3 STREET ADDRESS 5145 ADMIRAL PL.
4.4 CITY-ST-ZIP SARASOTA FL 34231

TITLE D
NAME PORTER, KENNETH
STREET ADDRESS 3713 MIGUEL WAY
CITY-ST-ZIP SARASOTA FL 34232

5.1 TITLE
5.2 NAME D GENE WALSH
5.3 STREET ADDRESS 2215 ALPINE DR
5.4 CITY-ST-ZIP SARASOTA FL 34239

TITLE D
NAME ZANE, MICHAEL
STREET ADDRESS 1478 LANDINGS CIRCLE
CITY-ST-ZIP SARASOTA FL 34231

6.1 TITLE
6.2 NAME D MARYANN HEAD
6.3 STREET ADDRESS 1887 MORRIS ST.
6.4 CITY-ST-ZIP SARASOTA FL 34239

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)(b), 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 this 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 as an attachment with an address.

SIGNATURE: Victor Silverman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Victor SILVERMAN

3/3/95

813-346 0279

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