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FILED

May 14 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 710439

(1)

1. Corporation Name

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

Principal Place of Business

622 SIESTA DR
SARASOTA FL 34242

Mailing Address

622 SIESTA DR
SARASOTA FL 34242-1050

3. Date Incorporated or Qualified

02/28/1966

3a. Date of Last Report

03/07/1996

2. Principal Place of Business

21 550 Wedge Lane

2a. Mailing Address

26 550 Wedge Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 Longboat Key FL

City & State

28 Longboat Key FL

Zip

24 34228-3526

Country

Sarasota

Zip

29 34228-3526

Country

30 Sarasota

4. FEI Number

59-6194110

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐Yes ☒ No

9. Name and Address of Current Registered Agent

SILVERMAN, VICTOR
622 SIESTA DR
SARASOTA FL 34242Hawkins, Heyward C.
550 Wedge Lane
Longboat Key, FL 34228-3526

10. Name and Address of New Registered Agent

81 Name

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

83 550 Wedge Lane

84 City

Longboat Key

FL

85 Zip Code

34228-3526

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

4 Apr 97

12. OFFICERS AND DIRECTORS

TITLE TD
NAME SILVERMAN, VICTOR
STREET ADDRESS 622 SIESTA DR
CITY - ST - ZIP SARASOTA FL 34242☒ DELETETITLE D
NAME WALSH, GENE
STREET ADDRESS 2215 ALPINE DR
CITY - ST - ZIP SARASOTA FL 34239☒ DELETETITLE D
NAME HEAD, MARY ANN
STREET ADDRESS 1887 MORRIS ST
CITY - ST - ZIP SARASOTA FL 34239☐ DELETETITLE
NAME
STREET ADDRESS
CITY - ST - ZIP☐ DELETETITLE
NAME
STREET ADDRESS
CITY - ST - ZIP☐ DELETETITLE
NAME
STREET ADDRESS
CITY - ST - ZIP☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME TREASURER
1.3 STREET ADDRESS CHARLES RUIZ
1.4 CITY - ST - ZIP 5511 RIVER BLUFF CIR
SARASOTA FL 34231☒ Change☐ Addition2.1 TITLE TD
2.2 NAME President
2.3 STREET ADDRESS Heyward C. Hawkins
2.4 CITY - ST - ZIP 550 Wedge Lane
Longboat Key, FL 34228-3526☒ Change☐ Addition3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS Same
3.4 CITY - ST - ZIP☐ Change☐ Addition4.1 TITLE D
4.2 NAME Secretary
4.3 STREET ADDRESS Jean W Glynn
4.4 CITY - ST - ZIP 6148 Griffon Circle
Sarasota, FL 34243-2664☐ Change☒ Addition5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP☐ Change☐ Addition6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS 900002190349
6.4 CITY - ST - ZIP -05/23/97--01109--025
***\$1.25☐ Change☐ Addition

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:

Signature and typed or printed name of signing officer or director

Hawkins, Heyward C. (H.C. Hawkins)

4 Apr 97 941/383-7622

Date Daytime Phone # 0063709

CR2E037 (9/96)