

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
May 01 1996 8:00 am  
Secretary of State

DOCUMENT # 710701 (4)

1. Corporation Name

ST. PETERSBURG CHAPTER #49 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business

Mailing Address

2635-66TH TERRACE SOUTH  
ST PETERSBURG FL 33712

2635-66TH TERRACE SOUTH  
ST PETERSBURG FL 33712



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

3. Date Incorporated or Qualified

04/11/1966

3a. Date of Last Report

05/01/1995

4. FEI Number

71-0701621

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

10. Name and Address of New Registered Agent

81 Name

STOUT, GLADYS

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

1824 SHORE DRIVE SOUTH, #102

83

SOUTH PASADENA, FL. 33707

84

CITY SOUTH PASADENA,

FL

85

Zip Code  
33707

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

*Gladys Stout*

PD GLADYS STOUT

APRIL 20, 1996

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE  
NAME HOGAN, ETHEL F  
STREET ADDRESS 430 BAY STREET N.E., #413  
CITY-ST-ZIP ST. PETERSBURG FL 33701

TITLE TD ☐ DELETE  
NAME BARCHFELD, EMMA  
STREET ADDRESS 2635 66TH TER. S.  
CITY-ST-ZIP ST. PETERSBURG FL 33712

TITLE VD ☐ DELETE  
NAME BENFIELD, LOIS  
STREET ADDRESS 800 OLEANDER WAY  
CITY-ST-ZIP ST. PETERSBURG FL 33707

TITLE S ☐ DELETE  
NAME COSTA, EILEEN  
STREET ADDRESS 1045 55TH AVENUE, N.  
CITY-ST-ZIP ST. PETERSBURG FL

TITLE D ☒ DELETE  
NAME SCHAFFER, MARTHA  
STREET ADDRESS 5513 18T STREET, N.  
CITY-ST-ZIP ST. PETERSBURG FL 33703

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition  
1.2 NAME STOUT, GLADYS  
1.3 STREET ADDRESS 1824 SHORE DRIVE SOUTH  
1.4 CITY-ST-ZIP SOUTH PASADENA, FL. 33707

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE D ☒ Change ☐ Addition  
5.2 NAME HOGAN, ETHEL F.  
5.3 STREET ADDRESS 430 BAY STREET, N.E., #413  
5.4 CITY-ST-ZIP ST. PETERSBURG, FL. 33701

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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:

*Emma Barchfeld*

EMMA BARCHFELD APR. 20, 1996, 813-867-2923

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone

CR2E037 (12/95)