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Feb 25 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 711109 (9)

1. Corporation Name

RAINBOW LAKES CHAPTER #357 OF AMERICAN ASSOCIATI
ON OF RETIRED PERSONS, INC.

Principal Place of Business

4000 DEEPWATER CT.
DUNNELLON FL 32630-7865

Mailing Address

4000 DEEPWATER CT.
DUNNELLON FL 34431-38183. Date Incorporated or Qualified
06/28/19663a. Date of Last Report
02/07/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number
59-6196209☒ Applied For
☐ Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$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

MANDEL, ARTHUR G
21251 SW PLANTATION
DUNNELLON FL 34431

10. Name and Address of New Registered Agent

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

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 D ☒ DELETE
NAME PORTER, PHYLLIS
STREET ADDRESS 21871 SW CHILLA CT
CITY-ST-ZIP DUNNELLA FL 34431TITLE PD ☐ DELETE
NAME MANDEL, ARTHUR G
STREET ADDRESS 21251 SW PLANTATION
CITY-ST-ZIP DUNNELLON FLTITLE VD ☒ DELETE
NAME BRIND, LOUS
STREET ADDRESS 21184 SW HONEYSUCKLE
CITY-ST-ZIP DUNNELLON FLTITLE TD ☐ DELETE
NAME SEIPLE, FORREST H
STREET ADDRESS 2105 SW PERSIMMON LANE
CITY-ST-ZIP DUNNELLON FLTITLE SD ☐ DELETE
NAME IANNOTTI, GLADYS
STREET ADDRESS 18925 SW 104TH PL
CITY-ST-ZIP DUNNELLON FLTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME DEILGEN GENTRY
1.3 STREET ADDRESS 3675 S.W. POMPANO
1.4 CITY-ST-ZIP DUNNELLON FL 344312.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE ☒ Change ☐ Addition
3.2 NAME VD DALE STEPHENSON
3.3 STREET ADDRESS 4963 S.W. 196th AVE
3.4 CITY-ST-ZIP DUNNELLON FL 344314.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 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 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: FORREST H SEIPLE
Forrest H Seiple
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0065084

CR2E037 (9/96)