CORPORATION
ANNUAL REPORT
1995

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 711256 (8)

1. Corporation Name

FORT LAUDERDALE CHAPTER #19 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC

Principal Place of Business	Mailing Address
3750 GALT OCEAN DRIVE FT. LAUDERDALE FL 33308	3750 GALT OCEAN DRIVE FT. LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/26/1966
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-6194145 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$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

GOODWIN, HAZEL
3750 GALT OCEAN DR.
FT. LAUDERDALE FL 33308

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 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 _____ DATE
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	PD	11 TITLE	☐ Change ☐ Addition
NAME	GRIMMIG, ALVIN E. SR.	12 NAME	
STREET ADDRESS	1726 N.W. 9 AVE.	13 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33311	14 CITY-ST-ZIP	
TITLE	TD	21 TITLE	☐ Change ☐ Addition
NAME	GOODWIN, HAZEL	22 NAME	
STREET ADDRESS	3750 GALT OCEAN DR.	23 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDAERDALE FL 33308	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	BRADEN, FRANKIE	32 NAME	
STREET ADDRESS	300 NE 19 ST N. 105	33 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33305	34 CITY-ST-ZIP	
TITLE	VD	41 TITLE	☐ Change ☐ Addition
NAME	STEINKE, ARLIN	42 NAME	
STREET ADDRESS	P.O. BOX 39388 N/A	43 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33339	44 CITY-ST-ZIP	
TITLE	SD	51 TITLE	☐ Change ☐ Addition
NAME	GRIMMIG, BLANCHE	52 NAME	
STREET ADDRESS	1726 N.W. 9TH AVE.	53 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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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: Hazel B Goodwin January 26, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Hazel Goodwin

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