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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # 711369 (9)

1. Corporation Name
CITRUS COUNTY CHAPTER #300 OF AMERICAN ASSOCIATI ON OF RETIRED PERSONS, INC.

Principal Place of Business	Mailing Address
LITTLE A1 PT. & ARBOR INVERNESS FL 34452	%SWISHER, MINNIE LOU 550 N INDEPENDENCE HWY LOT 106 INVERNESS FL 34453-1619

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/18/1966
3a. Date of Last Report: 05/01/1994
4. FEI Number: 23-7084200 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$0.75** 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

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

9. Name and Address of Current Registered Agent

SWISHER, MINNIE LOU
550 N. INDEPENDENCE HWY., LOT #106
INVERNESS FL 34453

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: Minnie Lou Swisher — Minnie Lou Swisher — (904) 344-4112 — Mar. 16, 1995
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☒ Change ☐ Addition
NAME	~~DEGENNARO, PETER~~ DECEASED	12 NAME	
STREET ADDRESS	~~116 E INVERNESS BLVD~~	13 STREET ADDRESS	
CITY-ST-ZIP	~~INVERNESS FL~~	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	SCHETTINO, SYLVIA	22 NAME	500001433705
STREET ADDRESS	6676 E KENT STREET	23 STREET ADDRESS	-05/11/95--01016--001
CITY-ST-ZIP	INVERNESS FL	24 CITY-ST-ZIP	***9038.75 ****130.00
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	CESTARE, HELEN	32 NAME	
STREET ADDRESS	9374 E RALEIGH CT	33 STREET ADDRESS	
CITY-ST-ZIP	INVERNESS FL	34 CITY-ST-ZIP	
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	SWISHER, MINNIE LOU	42 NAME	
STREET ADDRESS	550 N. INDEP. HWY #106	43 STREET ADDRESS	
CITY-ST-ZIP	INVERNESS FL	44 CITY-ST-ZIP	
TITLE	D VP	51 TITLE	DVP ☒ Change ☐ Addition
NAME	CLOWARD, LEE	52 NAME	CLOWARD, LEE
STREET ADDRESS	5189 BLAKE AVENUE	53 STREET ADDRESS	5189 BLAKE AVE
CITY-ST-ZIP	INVERNESS FL	54 CITY-ST-ZIP	INVERNESS FL 34453
TITLE	~~VP~~ - PD	61 TITLE	PD ☒ Change ☐ Addition
NAME	PRESTON, KERIMA	62 NAME	PRESTON, KERIMA
STREET ADDRESS	9323 E. GREAT OAKS DR.	63 STREET ADDRESS	9323 E. GREAT OAKS DR.
CITY-ST-ZIP	FLORAL CITY FL 34436	64 CITY-ST-ZIP	FLORAL CITY FL 34436

5/10

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)(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: Kerima Preston — Kerima Preston, President — Mar 16, 95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

Tel (904) 344-1559
Daytime Phone #

0088010