

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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 ASSOCIATION 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**

3. Date Incorporated or Qualified **08/18/1966** 3a. Date of Last Report **05/01/1995**

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

4. FEI Number **23-7084200** 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

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 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 *Minnie Lou Swisher* **April 2, 1996**  
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	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>SCHETTINO, SYLVIA</b>	
STREET ADDRESS	<b>6676 E KENT STREET</b>	
CITY-ST-ZIP	<b>INVERNESS FL 34452</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>CESTARE, HELEN</b>	
STREET ADDRESS	<b>9374 E RALEIGH CT</b>	
CITY-ST-ZIP	<b>INVERNESS FL 34450</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>SWISHER, MINNIE LOU</b>	
STREET ADDRESS	<b>550 N. INDEP. HWY #106</b>	
CITY-ST-ZIP	<b>INVERNESS FL 34453</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> DELETE
NAME	<b>CLOWARD, LEE</b>	
STREET ADDRESS	<b>5189 BLAKE AVENUE</b>	
CITY-ST-ZIP	<b>INVERNESS FL 34453</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>PRESTON, KARIMA</b>	
STREET ADDRESS	<b>9323 E. GREAT OAKS DR.</b>	
CITY-ST-ZIP	<b>FLORAL CITY FL 34436</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Sylvia B. Schettino* (PRESIDENT) **352-726-0742**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)