

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 AL 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 Country

28 Zip Country

24

29

30

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

10. Name and Address of New Registered Agent

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

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*

(NOTE: Registered Agent signature required when reinstating)

DATE

*April 2, 1996*

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD  
STREET ADDRESS SCHETTINO, SYLVIA  
CITY-ST-ZIP 6676 E KENT STREET  
INVERNESS FL 34452

TITLE ☐ DELETE

NAME SD  
STREET ADDRESS CESTARE, HELEN  
CITY-ST-ZIP 9374 E RALEIGH CT  
INVERNESS FL 34450

TITLE ☐ DELETE

NAME TD  
STREET ADDRESS SWISHER, MINNIE LOU  
CITY-ST-ZIP 550 N. INDEP. HWY #106  
INVERNESS FL 34453

TITLE ☐ DELETE

NAME DV  
STREET ADDRESS CLOWARD, LEE  
CITY-ST-ZIP 5189 BLAKE AVENUE  
INVERNESS FL 34453

TITLE ☒ DELETE

NAME PD  
STREET ADDRESS PRESTON, KARIMA  
CITY-ST-ZIP 9323 E GREAT OAKS DR.  
FLORAL CITY FL 34436

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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:

*Sylvia B. Schettino* (PRESIDENT)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-726-0742

CR2E037 (12/95)