FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR 15 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 711590 (0)

1. Corporation Name

LEON COUNTY CHAPTER #376 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business	Mailing Address
1400 N. MONROE TALLAHASSEE FL 32303 US	1400 N. MONROE TALLAHASSEE FL 32303 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/06/1966	3a. Date of Last Report: 04/20/1994
4. FEI Number: 23-7150381	☐ 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
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

CONGER, JEROME
3222 THAMES DRIVE
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name: Ned Bliss
82 Street Address (P.O. Box Number is Not Acceptable): 2416 Clara Kee Blvd
83
84 City: Tallahassee FL 85 Zip Code: 32303

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: Ned Bliss, Pres Ned Bliss — 1/31/95
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	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	CONGER, JERRY	1.2 NAME	Bliss, Ned	
STREET ADDRESS	3222 THAMES STREET	1.3 STREET ADDRESS	2416 Clara Kee Blvd	
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	Tallahassee, FL 32303	
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	BRAYER, CHARLOTTE	2.2 NAME	Creedman, Donald	
STREET ADDRESS	275 JOHN KNOX ROAD	2.3 STREET ADDRESS	2921, Brandemere Dr	
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	Tallahassee FL 32312	
TITLE	VD	3.1 TITLE	VP	☒ Change ☐ Addition
NAME	BLISS, NED	3.2 NAME	O'Connor, Madelene	
STREET ADDRESS	2930 HUNTING DRIVE	3.3 STREET ADDRESS	4295 Bench Mark Tr	
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	Tallahassee, FL 32311	
TITLE	SD	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	MULLIN, PHYLLIS	4.2 NAME	Beahan, Trudy	
STREET ADDRESS	2045 QUEENSWOOD DRIVE	4.3 STREET ADDRESS	1625 Centerville Rd	
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP	Tallahassee FL 32308	
TITLE	TD	5.1 TITLE	TD	☒ Change ☐ Addition
NAME	HECTOR, MILDRED L	5.2 NAME	King, Vivian	
STREET ADDRESS	819 E. PARK AVENUE #5	5.3 STREET ADDRESS	507 Victory Garden Dr	
CITY-ST-ZIP	TALLAHASSEE FL	5.4 CITY-ST-ZIP	Tallahassee, FL 32301	
TITLE	TD	6.1 TITLE		☐ Change ☐ Addition
NAME	MOUNTAIN, ROBERT G.	6.2 NAME		
STREET ADDRESS	2730 FOLEY COURT	6.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	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)(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: Edward (Ned) L Bliss — 1/31/95 — 562-9549
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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