

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 # 712154 (4)

1. Corporation Name

GREATER PALM BEACH CHAPTER #196 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.



Principal Place of Business

Mailing Address

**162 BEDFORD G
WEST PALM BEACH FL 33417**

**162 BEDFORD G
WEST PALM BEACH FL 33417**

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

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/24/1967

3a. Date of Last Report

10/10/1995

4. FEI Number

59-6206102

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

10. Name and Address of New Registered Agent

**TAPP, FRANCES
BEDFORD G162, CENTURY VILLAGE
WEST PALM BEACH FL 33417**

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

FRANCES TAPP Treas.

Frances Tapp

1-19-96

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VD** ☐ DELETE
NAME **DOMENICK, ALFONSO**
STREET ADDRESS **216 DORCHESTER J**
CITY-ST-ZIP **WEST PALM BCH. FL 33417**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **V** ☐ DELETE
NAME **NICOLAI, BRUNO**
STREET ADDRESS **330 ANDOVER M**
CITY-ST-ZIP **WEST PALM BCH. FL 33417**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **PD** ☒ DELETE
NAME **GORDON, LYRIA**
STREET ADDRESS **306 SO. CHILLINGWORTH DR.**
CITY-ST-ZIP **WEST PALM BCH. FL 33409**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME **PD VIVIEN HLOBLIK**
3.3 STREET ADDRESS **57 Stratford E**
3.4 CITY-ST-ZIP **W. P. B. FL 33417**

TITLE **TD** ☐ DELETE
NAME **TAPP, FRANCES**
STREET ADDRESS **BEDFORD G162**
CITY-ST-ZIP **WEST PALM BCH. FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **PIERCE, THEODOSIA**
STREET ADDRESS **104 WINDSOR E**
CITY-ST-ZIP **WEST PALM BCH. FL 33417**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **BRUIN, JACK**
STREET ADDRESS **131 LAKESUSAN DR.2**
CITY-ST-ZIP **WEST PALM BCH. FL 33411**

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:

Frances Tapp Treas.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-96

Date

407 689-3535

Daytime Phone #

CR2E037 (12/95)