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 MAY -1 AM 11:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 713414 (1)

1. Corporation Name

SUMTER COUNTY CHAPTER OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 100 LK.PANASOFFKEE FL 33538 US	P.O. BOX 100 LK. PANASOFFKEE FL 33538 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/04/1967
3a. Date of Last Report: 05/01/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

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

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

9. Name and Address of Current Registered Agent

SCHOENBORN, MAE ANN
C.R. 439
LAKE PANASOFFKEE FL 33538

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 ______ 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	D
NAME	NOSWORTHY, ELIAS
STREET ADDRESS	P.O. BOX 218 (N/A)
CITY-ST-ZIP	SUMTERVILLE FL 33585
TITLE	T
NAME	SOURS, RUTH
STREET ADDRESS	P.O. BOX 853 (N/A)
CITY-ST-ZIP	BUSHNELL FL 33513
TITLE	S
NAME	FERGERSON, LEUNA
STREET ADDRESS	P.O. BOX 214 (N/A)
CITY-ST-ZIP	LAKE PANASOFFKEE FL 33538
TITLE	D
NAME	WYSONG, ELSIE
STREET ADDRESS	RT. 1 BOX 167F
CITY-ST-ZIP	LAKE PANASOFFKEE FL
TITLE	PD
NAME	SCHOENBORN, MAE ANN
STREET ADDRESS	P.O. BOX 100 N/A
CITY-ST-ZIP	LAKE PANASOFFKEE FL
TITLE	D
NAME	~~JOHNS, MARTHA~~
STREET ADDRESS	~~LOT 00 506 W NOBLE~~
CITY-ST-ZIP	~~BUSHNELL FL~~

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE / 1 2 NAME / 1 3 STREET ADDRESS / 1 4 CITY-ST-ZIP		☐ Change ☐ Addition
2 1 TITLE / 2 2 NAME / 2 3 STREET ADDRESS / 2 4 CITY-ST-ZIP	700001459369 -05/11/95--01016--001 ***9038.75 ****130.00	☐ Change ☐ Addition
3 1 TITLE / 3 2 NAME / 3 3 STREET ADDRESS / 3 4 CITY-ST-ZIP		☐ Change ☐ Addition
4 1 TITLE / 4 2 NAME / 4 3 STREET ADDRESS / 4 4 CITY-ST-ZIP		☐ Change ☐ Addition
5 1 TITLE / 5 2 NAME / 5 3 STREET ADDRESS / 5 4 CITY-ST-ZIP	(handwritten initials)	☐ Change ☐ Addition
6 1 TITLE / 6 2 NAME / 6 3 STREET ADDRESS / 6 4 CITY-ST-ZIP	D JETTIE PEARL KERN 41 CR 527 N LAKE PANASOFFKEE FL 33538	☑ Change ☐ Addition

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: x Mae Ann Schoenborn — 1-904-793-2207
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MAE ANN SCHOENBORN

713414

Additional Officers
VOL 1 CHAPTER SUPPORT
RECEIVED

V
~~Cresswell, Bea~~
~~118 County Rd 496~~ 21978 '95 FEB 16
~~Lake Panasoffkee Fl 33538~~

V DANIEL HAMESOVICH
6166 SW 91st Way
Bushnell, Fl 33513

V
Bullock, Dorothy
P.O.Box 41
Sumterville Fl 33585