

# 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 # 713414 (1)**

1. Corporation Name

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



Principal Place of Business

P.O. BOX 100  
LK PANASOFFKEE FL 33538  
US

Mailing Address

P.O. BOX 100  
LK PANASOFFKEE FL 33538  
US

3. Date Incorporated or Qualified  
**10/04/1967**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

**NOT APPLICABLE**

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

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

81 Name  
**Daniel Hamesovich**

82 Street Address (P.O. Box Number is Not Acceptable)  
**6166 S W 91st Way**

83 City, State, and Zip  
**Bushnell, Florida 33513**

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 **DANIEL HAMESOVICH**

**1-29-96**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE  
NAME **NOSWORTHY, ELIAS**  
STREET ADDRESS **P.O. BOX 218 (N/A)**  
CITY-ST-ZIP **SUMTERVILLE FL 33585**

TITLE **T** ☒ DELETE  
NAME **SOURS, RUTH**  
STREET ADDRESS **P.O. BOX 853 (N/A)**  
CITY-ST-ZIP **BUSHNELL FL 33513**

TITLE **S** ☒ DELETE  
NAME **FERGERSON, LEUNA**  
STREET ADDRESS **P.O. BOX 214 (N/A)**  
CITY-ST-ZIP **LAKE PANASOFFKEE FL 33538**

TITLE **D** ☐ DELETE  
NAME **WYSONG, ELSIE**  
STREET ADDRESS **RT. 1 BOX 167F**  
CITY-ST-ZIP **LAKE PANASOFFKEE FL**

TITLE **PD** ☒ DELETE  
NAME **SCHOENBORN, MAE ANN**  
STREET ADDRESS **P.O. BOX 100 N/A**  
CITY-ST-ZIP **LAKE PANASOFFKEE FL**

TITLE **D** ☐ DELETE  
NAME **KERN, JETTIE P**  
STREET ADDRESS **41 CR 527 N**  
CITY-ST-ZIP **LAKE PANASOFFKEE FL 33538**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS **1586CR 543B Bushnell FL 33513**  
14 CITY-ST-ZIP

21 TITLE ☒ Change ☐ Addition  
22 NAME **Pierrette Hamesovich**  
23 STREET ADDRESS **6166 SW 91st Way**  
24 CITY-ST-ZIP **Bushnell, Florida 33513**

31 TITLE ☒ Change ☐ Addition  
32 NAME **Beatrice O'Neill**  
33 STREET ADDRESS **2217 CR 439A**  
34 CITY-ST-ZIP **Lake Panasoffkee Florida 33538**

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE ☒ Change ☐ Addition  
52 NAME **Daniel Hamesovich**  
53 STREET ADDRESS **6166 SW 91st Way**  
54 CITY-ST-ZIP **Bushnell, Florida 33513**

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 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: **Daniel Hamesovich** **DANIEL HAMESOVICH** **1-29-96** **(352) 793 4902**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)

Additional Officers

V

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