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Feb 18 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

Mailing Address

P.O. BOX 100
LK.PANASOFFKEE FL 33538
US

P.O. BOX 100
LK. PANASOFFKEE FL 33538-0100
US

3. Date Incorporated or Qualified
10/04/1967

3a. Date of Last Report
02/14/1996

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

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

HAMESOVICH, DANIEL
6166 SW 91ST WAY
BUSHNELL FL 33513

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

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 D ☐ DELETE
NAME NOSWORTHY, ELIAS
STREET ADDRESS 1596 CR 543B
CITY-ST-ZIP BUSHNELL FL

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 1596 CR 543B Sunterville FL
1.4 CITY-ST-ZIP 33585

TITLE T ☐ DELETE
NAME HAMESOVICH, PIERRETTE
STREET ADDRESS 6166 SW 91ST WAY
CITY-ST-ZIP BUSHNELL FL

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

TITLE S ☒ DELETE
NAME O'NEIL, BEATRICE
STREET ADDRESS 2217 CR 439A
CITY-ST-ZIP LAKE PANASOFFKEE FL

3.1 TITLE S ☒ Change ☐ Addition
3.2 NAME Beatrice I Cresswell
3.3 STREET ADDRESS CR 496 R1 Box 84
3.4 CITY-ST-ZIP Lake Panasoffkee FL. 33538

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

4.1 TITLE D ☒ Change ☐ Addition
4.2 NAME Leuna P Ferguson
4.3 STREET ADDRESS P.O.Box 214 NA
4.4 CITY-ST-ZIP Lake Panasoffkee FL. 33538

TITLE PD ☐ DELETE
NAME HAMESOVICH, DANIEL
STREET ADDRESS 6166 SW 91ST WAY
CITY-ST-ZIP BUSHNELL FL

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

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

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 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: Daniel Hamesovich DANIEL HAMESOVICH 2/14/97 (352) 293-4902

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

Date

Deadline: Phone # 904.6627

CR2E037 (9/96)

Additional Officers

1997

V
Arthur Bungert
1519 CR 542 E
Bushnell Fl 33513

V
Dorothy Bullock
P.O.Box 41 NW
Bushnell Fl. 33513