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Apr 09 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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



3. Date Incorporated or Qualified

**10/04/1967**

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

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

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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 CR543B**  
CITY-ST-ZIP **SUMTERVILLE FL**

1.1 TITLE **D** ☒ Change ☒ Addition  
1.2 NAME **John Gulley**  
1.3 STREET ADDRESS **41 CR 527 N**  
1.4 CITY-ST-ZIP **Lake Panasoffkee, FL 33538**

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

2.1 TITLE **T** ☒ Change ☐ Addition  
2.2 NAME **Jettie P Gulley**  
2.3 STREET ADDRESS **41 CR 527 N**  
2.4 CITY-ST-ZIP **Lake Panasoffkee, FL 33538**

TITLE **S** ☐ DELETE  
NAME **BEATRICE I CRESSWELL**  
STREET ADDRESS **CR 496 R1 BOX 84**  
CITY-ST-ZIP **LAKE PANASOFFKEE FL**

3.1 TITLE **D** ☐ Change ☒ Addition  
3.2 NAME **Dan Banziruk**  
3.3 STREET ADDRESS **8845 CR 622**  
3.4 CITY-ST-ZIP **Bushnell FL. 33513**

TITLE **D** ☐ DELETE  
NAME **LEUNA P FERGUSON**  
STREET ADDRESS **PO BOX 214 N/A**  
CITY-ST-ZIP **LAKE PANASOFFKEE FL**

4.1 TITLE **D** ☐ Change ☒ Addition  
4.2 NAME **Sarah Bowen**  
4.3 STREET ADDRESS **2919 CR 617**  
4.4 CITY-ST-ZIP **Bushnell FL 33513**

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

5.1 TITLE **V** ☐ Change ☒ Addition  
5.2 NAME **Ruth Sensenig**  
5.3 STREET ADDRESS **2075 E C48**  
5.4 CITY-ST-ZIP **Bushnell, FL 33513**

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

6.1 TITLE **V** ☒ Change ☐ Addition  
6.2 NAME **Dorothy Bullock**  
6.3 STREET ADDRESS **2606 st RD 471**  
6.4 CITY-ST-ZIP **Sumterville FL 33585**

14. I 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*

4-4-98 (352) 993-4902

CR2E037 (1097)