

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAY -1 PM 3:42

DOCUMENT # **714973** (5)

1. Corporation Name  
**DAYTONA BEACH AREA CHAPTER #386 OF AMERICAN ASSO  
CIATION OF RETIRED PERSONS, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**141 BOYNTON BLVD. #14 DAYTONA BEACH FL 32118 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>07/22/1968</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>23-7120281</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75 Supplemental Fee Not Required</b>
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business <b>31 303 RIVERSIDE DR. #146</b>	2a. Mailing Address <b>26 303 RIVERSIDE DR. #146</b>
Suite, Apt. #, etc. <b>22 HOLLY HILL, FL 32117</b>	Suite, Apt. #, etc.
City & State <b>23 US</b>	City & State <b>28</b>
Zip <b>24</b>	Zip <b>29</b>
Country <b>25</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent  
**COMBS, VIOLA  
141 BOYNTON BLVD.  
#14  
DAYTONA BEACH FL 32118**

10. Name and Address of New Registered Agent  
**AKERS, DORIS M.  
303 RIVERSIDE DR. #146  
HOLLY HILL, FL 32117  
FL 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: *Doris M. Akers*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS	
TITLE <b>PD</b>	<b>COMBS, VIOLA 141 BOYNTON BLVD., #14 DAYTONA BEACH FL</b>
TITLE <b>VPD</b>	<b>VOGELPOHL, GENEVIEVE 1420 N. ATLANTIC AVENUE #804 DAYTONA BEACH FL</b>
TITLE <b>TD</b>	<b>THOLE, WILLIAM 528 DORSET CIRCLE SOUTH DAYTONA FL</b>
TITLE <b>SD</b>	<b>AKERS, DORIS 303 RIVERSIDE DRIVE, #146 HOLLY HILL FL</b>
TITLE	
TITLE	
TITLE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME <b>AKERS, DORIS M.</b>	
13 STREET ADDRESS <b>303 RIVERSIDE DR. #146</b>	
14 CITY - ST - ZIP <b>HOLLY HILL, FL 32117</b>	
21 TITLE <b>VPD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME <b>VOGELPOHL, GENEVIEVE</b>	
23 STREET ADDRESS <b>1420 N. ATLANTIC AVENUE #804</b>	
24 CITY - ST - ZIP <b>DAYTONA BEACH FL 32118</b>	
31 TITLE <b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME <b>PEARL L. WEAVER</b>	
33 STREET ADDRESS <b>748 FLEMING AV, ORMOND BEACH FL</b>	
34 CITY - ST - ZIP <b>32174</b>	
41 TITLE <b>SD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME <b>AKERS, DORIS M.</b>	
43 STREET ADDRESS <b>303 RIVERSIDE DR. #146</b>	
44 CITY - ST - ZIP <b>HOLLY HILL FL 32117</b>	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 118.07(3)(b), 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: *Doris M. Akers (DORIS M. AKERS)* 4/195  
President, Chapter 386 of A.A.R.P.  
Date: 7/27  
Daytona Phone #: 252-7831