

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 # 714973 (5)

1. Corporation Name

DAYTONA BEACH AREA CHAPTER #386 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.



Principal Place of Business

Mailing Address

303 RIVERSIDE DR #146 HOLLY HILL FL 32117 US

303 RIVERSIDE DR #146 HOLLY HILL FL 32117 US

3. Date Incorporated or Qualified 07/22/1968

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

23-7120281

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

AKERS, DORIS M.
303 RIVERSIDE DR #146
HOLLY HILL FL 32117

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: *Doris M. Akers*

Signature, typed or printed name of registered agent and title of applicant

(NOT: Registered Agent signature required when reinstating)

2-7-96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSD
NAME AKERS, DORIS M
STREET ADDRESS 303 RIVERSIDE DR #146
CITY-ST-ZIP HOLLY HILL FL DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP Change Addition

TITLE VPD
NAME VOGELPOHL, GENEVIEVE
STREET ADDRESS 1420 N ATLANTIC AVE #804
CITY-ST-ZIP DAYTONA BEACH FL DELETE

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

TITLE TD
NAME WEAVER, PEARL L
STREET ADDRESS 748 FLEMING AVE
CITY-ST-ZIP ORMOND BEACH FL DELETE

3.1 TITLE TD
3.2 NAME JOAN GARSTER
3.3 STREET ADDRESS 1420 N. ATLANTIC AVE. APT 1504
3.4 CITY-ST-ZIP DAYTONA BEACH, FL 32118 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DELETE

4.1 TITLE Legislators
4.2 NAME FRED DOSCHER
4.3 STREET ADDRESS 145 N. Halifax Ave., #609
4.4 CITY-ST-ZIP Daytona Beach, FL 32118 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DELETE

5.1 TITLE Memberships
5.2 NAME MARIA STUDER
5.3 STREET ADDRESS 2922 Lantern Dr.
5.4 CITY-ST-ZIP South Daytona, FL 32119 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DELETE

6.1 TITLE Community Relations
6.2 NAME MARIE Schliesing
6.3 STREET ADDRESS 482 N. Beach St.
6.4 CITY-ST-ZIP Ormond Beach, FL 32174 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: *Doris M. Akers*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-96
DATE

914 252-7831
DATE TIME PHONE #

CR2E037 (12/95)