

FILE NOW: FILING FEE IS \$61.25

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Apr 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 714973 (5)
1. Corporation Name
DAYTONA BEACH AREA CHAPTER #386 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.



Principal Place of Business 303 RIVERSIDE DR #146 HOLLY HILL FL 32117 US	Mailing Address 303 RIVERSIDE DR #146 HOLLY HILL FL 32117-3747 US
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3. Date Incorporated or Qualified 07/22/1968	3a. Date of Last Report 02/21/1996
4. FEI Number 23-7120281	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
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	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent
AKERS, DORIS M.
303 RIVERSIDE DR #146
HOLLY HILL FL 32117

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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* DATE 3-14-97

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input checked="" type="checkbox"/> DELETE
NAME	AKERS, DORIS M	
STREET ADDRESS	303 RIVERSIDE DR #146	
CITY-ST-ZIP	HOLLY HILL FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	VOGELPOHL, GENEVIEVE	
STREET ADDRESS	1420 N ATLANTIC AVE #804	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GARSTER, JOAN	
STREET ADDRESS	1420 NORTH ATLANTIC AVENUE, APT. 1504	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	LD	<input type="checkbox"/> DELETE
NAME	DOSCHER, FRED	
STREET ADDRESS	145 N HALAFAX DR. #609	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	
TITLE	MD	<input type="checkbox"/> DELETE
NAME	STUDER, MARIA	
STREET ADDRESS	2922 LANTERN DR	
CITY-ST-ZIP	SOUTH DAYTONA FL 32119	
TITLE	CR D	<input type="checkbox"/> DELETE
NAME	SCHLIESING, MARIE	
STREET ADDRESS	482 N BEACH ST	
CITY-ST-ZIP	ORMOND BEACH FL 32174	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PSD	<input checked="" type="checkbox"/> Addition
1.2 NAME	ROBERT GARSTER	
1.3 STREET ADDRESS	1420 N ATLANTIC #1504	
1.4 CITY-ST-ZIP	DAYTONA BEACH, FL 32118	
2.1 TITLE	S-D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DORIS M AKERS	
2.3 STREET ADDRESS	303 RIVERSIDE DR #146	
2.4 CITY-ST-ZIP	HOLLY HILL FL 32117	
3.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MIRIAM W WALLS	
3.3 STREET ADDRESS	45 RIVER DUNES DR	
3.4 CITY-ST-ZIP	DAYTONA BEACH FL 32118	
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	APT 603	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	SEC-DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	AKERS-DORIS	
5.3 STREET ADDRESS	303 RIVERSIDE DR #146	
5.4 CITY-ST-ZIP	HOLLY HILL FL 32117	
6.1 TITLE	S-D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	ELSIE CHRISTESEN	
6.3 STREET ADDRESS	45 RIVER DUNES DR	
6.4 CITY-ST-ZIP	DAYTONA BEACH FL 32118	

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: *Joan Garster 3/14/97 904-288889*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0002117

CR2E037 (9/96)