

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 4-25-96

B- 4531

C

DOCUMENT # 717326

(3)

1. Corporation Name

MANATEE COUNTY CHAPTER #75 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business

7222 MEADOW BROOK DR.
SARASOTA FL 34243

Mailing Address

7222 MEADOW BROOK DR.
SARASOTA FL 34243



3. Date Incorporated or Qualified
10/10/1969

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

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
23-7060615

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

23

28

Zip

Country

Zip

Country

24

25

29

30

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

WOOD, MARTHA G.
7222 MEADOW BROOK DRIVE
SARASOTA FL 34243

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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
D
AMBROSE, ANNA
2539 FLAMINGO BLVD.
BRADENTON FL

TITLE ☒ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
V
TRUMBULL, LEON
1305 71ST ST NW
BRADENTON FL 34209

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
T
ALVERSON, MARION
4530 9 ST E.
BRADENTON FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
P
BROWN, MONA
4710 14TH ST W #8
BRADENTON FL 34207

TITLE ☒ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
D
WILSON, THOMAS
1200 AURORA BLVD #128
BRADENTON FL 34202

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
SD
WILSON, FERN
1200 AURORA BLVD
BRADENTON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP
D
RYAN, THELMA
6512 BOWDOIN PL
BRADENTON FL 34207

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP
V
WILSON, THOMAS
1200 AURORA BLVD #128
BRADENTON FL 34202

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 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: *Marion Alverson* MARION ALVERSON TREASURER 4/22/96 (941)758-3640

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)