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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 # **720288** (0)

1. Corporation Name

MERRITT ISLAND CHAPTER #756 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC

Principal Place of Business

**245 INLET AVENUE
MERRITT ISLAND FL 32953
US**

Mailing Address

**245 INLET AVENUE
MERRITT ISLAND FL 32953-3016
US**3. Date Incorporated or Qualified
02/18/19713a. Date of Last Report
02/15/19962. Principal Place of Business
21 **375 Needle Blvd**2a. Mailing Address
26 **375 Needle Blvd**4. FEI Number
23-7097944Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No23 **MERRITT ISLAND, FL**28 **MERRITT ISLAND, FL**24 **32953**25 **USA**29 **32953**30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VISCONTI, ELENA
300 BAHAMA DRIVE
MERRITT ISLAND FL 32952**81 Name
HARDOS, JOHN82 Street Address (P.O. Box Number is Not Acceptable)
1355 CEPHEUS CT.

83

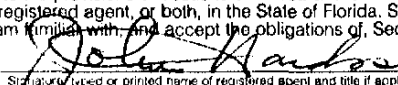
84 City
MERRITT ISLAND

FL

85 Zip Code
32953

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

**JOHN HARDOS****9 APRIL 1997**

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 **PT** ☐ DELETENAME
STREET ADDRESS
CITY - ST - ZIP
**THULKE, HERMANN
245 INLET AVENUE
MERRITT ISLAND FL**1.1 TITLE **P** ☒ Change ☐ Addition1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
**GAULIN, JANET
375 NEEDLE BLVD
MERRITT ISLAND, 32953**TITLE **S** ☒ DELETENAME
STREET ADDRESS
CITY - ST - ZIP
**THULKE, INGRID
245 INLET AVENUE
MERRITT ISLAND FL**2.1 TITLE **S** ☐ Change ☒ Addition2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
**LYDAY, AMELIA
1320 NEWFOUND HARBOR DR.
MERRITT ISLAND, FL. 32952**TITLE **VPT** ☐ DELETENAME
STREET ADDRESS
CITY - ST - ZIP
**GAULIN, JANET
375 NEEDLE BLVD
MERRITT ISLAND FL**3.1 TITLE **VP** ☐ Change ☒ Addition3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
**SCHON, MARY ANN
1295 PLUM AVE
MERRITT ISLAND, FL. 32952**TITLE **D** ☐ DELETENAME
STREET ADDRESS
CITY - ST - ZIP
**LANDERS, JIM
122 W PARK LANE
COCOA BEACH FL**4.1 TITLE **D** ☒ Change ☐ Addition4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
**THULKE, HERMANN
245 INLET AVE.
MERRITT ISLAND, FL 32953**TITLE **D** ☒ DELETENAME
STREET ADDRESS
CITY - ST - ZIP
**BUHLER, HELEN
180 CARIBE DRIVE
MERRITT ISLAND FL**5.1 TITLE **D** ☐ Change ☐ Addition5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
**LANDERS, JIM
122 W PARK LANE
COCOA BEACH, FL 32931**TITLE **D** ☐ DELETENAME
STREET ADDRESS
CITY - ST - ZIP
**NEVITT, GEORGETTE
4020 COTTON WOOD DRIVE
COCOA FL**6.1 TITLE **D** ☐ Change ☐ Addition6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
**NEVITT, GEORGETTE
4020 COTTONWOOD DR.
COCOA, FL 32926**

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:  **REQUIRED JANET GAULIN**

(407) 453-8894

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0020122

CR2E037 (9/96)