FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

1995 MAR 16 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT# 720768 (1)

1. Corporation Name

ST. AUGUSTINE CHAPTER #825 OF AMERICAN ASSOCIATI ON OF RETIRED PERSONS, INC.

Principal Place of Business	Mailing Address
11 OLD MISSION AVE ST AUGUSTINE FL 32084	11 OLD MISSION AVE ST AUGUSTINE FL 32084

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/23/1971	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2289043	Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired: Separate check. ☒	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

HOLLAND, BEVERLY
18 COQUINA BLVD.
ST. AUGUSTINE FL 32084

10. Name and Address of New Registered Agent

81 Name: Robert Libby
82 Street Address (P.O. Box Number is Not Acceptable): 501 North Horseshoe Rd.
83: St. Augustine
84 City: Florida FL 85 Zip Code: 32095

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: Robert Libby
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
DATE: Feb. 2, 1995

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	President ☒ Change ☐ Addition
NAME	HOLLAND, BEVERLY	1.2 NAME	Robert Libby
STREET ADDRESS	18 COQUINA BLVD	1.3 STREET ADDRESS	501 N. Horseshoe Rd
CITY-ST-ZIP	ST. AUGUSTINE BEACH FL 32084	1.4 CITY-ST-ZIP	St. Augustine, Fla 32095
TITLE	M	2.1 TITLE	V/Prog ☒ Change ☐ Addition
NAME	KISH, MATILDA	2.2 NAME	Dorothy DuBrow
STREET ADDRESS	2250 OLD MOULTRE, APT. 66	2.3 STREET ADDRESS	150 Tradewind Lane
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	2.4 CITY-ST-ZIP	St. Augustine Fla 32086
TITLE	T	3.1 TITLE	T ☒ Change ☐ Addition
NAME	DUNCAN, LEO V	3.2 NAME	Matilda Kish
STREET ADDRESS	2997 C.R. 13-A NORTH	3.3 STREET ADDRESS	2250 Old Moultrie Rd Apt 66
CITY-ST-ZIP	ST. AUGUSTINE FL 32092	3.4 CITY-ST-ZIP	St. Augustine Fla 32086
TITLE	CD	4.1 TITLE	300001 ☐ Change ☐ Addition
NAME	HARRY DU BROW	4.2 NAME	-03/20/95--01046--001
STREET ADDRESS	305 TRADEWINDS LANE	4.3 STREET ADDRESS	****130.00 ****130.00
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	4.4 CITY-ST-ZIP	
TITLE	MD	5.1 TITLE	D/C ☒ Change ☐ Addition
NAME	QUINTIERRI, TRESA	5.2 NAME	Evelyn Smith
STREET ADDRESS	43 ALCIRA CIR.	5.3 STREET ADDRESS	821 W. First St.
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	5.4 CITY-ST-ZIP	St. Augustine, Fla 32084
TITLE	CD	6.1 TITLE	300001 ☐ Change ☐ Addition
NAME	LEE, MERRIE	6.2 NAME	-03/20/95--01046--001
STREET ADDRESS	69 M. L. KING AVENUE	6.3 STREET ADDRESS	******8.75 ******8.75
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	6.4 CITY-ST-ZIP	

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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: Robert Libby Robert J. Libby Feb. 2 1995 (904) 829-3903
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR — Date — Daytime Phone #

0029607