

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 # 720768 (1)
1. Corporation Name
ST. AUGUSTINE CHAPTER #825 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.



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

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 Country
24 25 St. Johns 29 30 ST. JOHNS

3. Date Incorporated or Qualified 04/23/1971 3a. Date of Last Report 03/16/1995
4. FEI Number 59-2289043 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
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LIBBY, ROBERT
501 NORTH HORSESHORE RD.
ST. AUGUSTINE FL 32095

10. Name and Address of New Registered Agent

81 Name Steve Brody
82 Street Address (P.O. Box Number is Not Acceptable) 103 San Raefael
83
84 City St. Augustine FL 85 Zip Code 32084

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 re-stating.

DATE

12. OFFICERS AND DIRECTORS

TITLE P LIBBY, ROBERT ☒ DELETE
NAME
STREET ADDRESS 501 N. HOSESHORE RD.
CITY-ST-ZIP ST. AUGUSTINE FL 32095
TITLE VP ☒ DELETE
NAME DUBROW, DOROTHY
STREET ADDRESS 150 TRADEWIND LANE
CITY-ST-ZIP ST. AUGUSTINE FL 32086
TITLE T ☒ DELETE
NAME KISH, MATILDA
STREET ADDRESS 2250 OLD MOULTIRE RD. APT. #66
CITY-ST-ZIP ST. AUGUSTINE FL 32086
TITLE CD ☐ DELETE
NAME HARRY DU BROW
STREET ADDRESS 305 TRADEWINDS LANE
CITY-ST-ZIP ST. AUGUSTINE FL 32086
TITLE DC ☒ DELETE
NAME SMITH, EVELYN
STREET ADDRESS 821 W. FIRST ST.
CITY-ST-ZIP ST. AUGUSTINE FL 32084
TITLE SD ☐ DELETE
NAME LEE, MERRIE
STREET ADDRESS 69 M. L. KING AVENUE
CITY-ST-ZIP ST. AUGUSTINE FL 32084

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE P ☒ Change ☐ Addition
12 NAME Steve Brody
13 STREET ADDRESS 103 Raefael
14 CITY-ST-ZIP St. Augustine Fla 32084
21 TITLE VP ☒ Change ☐ Addition
22 NAME Carol Currie
23 STREET ADDRESS 19 Willow Drive
24 CITY-ST-ZIP St. Augustine Fla 320
31 TITLE T ☒ Change ☐ Addition
32 NAME Beverly Holland
33 STREET ADDRESS 18 Coquina Blvd
34 CITY-ST-ZIP St. Augustine Beach Fla 32084
41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
51 TITLE D/C ☒ Change ☐ Addition
52 NAME Ed Cobb
53 STREET ADDRESS 1712 Leon Street
54 CITY-ST-ZIP St. Augustine Fla 32074
61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steve Brody, President

2/1/96

Date

904-461-3939

Daytime Phone #

CR2E037 (12/95)