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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

CORPORATION
ANNUAL REPORT
1995

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

DOCUMENT # 721017

1. Corporation Name
WINTER HAVEN FL AARP CHAPTER #847

Principal Place of Business Mailing Address
NORA MAYO HALL P.O. Box 9142
3rd ST. N.W. WINTER HAVEN, FL
WINTER HAVEN FL 33883

3. Date Incorporated or Qualified 3a. Date of Last Report
5-25-71 4-22-94
4. FEI Number Applied For
23-7160999 Not Applicable

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

5. Certificate of Status Desired ☐ \$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 C. 109.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City WINTER HAVEN FL 85 Zip Code 33884

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 Marion Brokenburr 4-17-95
(Signature typed or printed name of registered agent and title if applicable) (NOT: Registered Agent signature required when transferring) DATE

12. OFFICERS AND DIRECTORS
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY	ST	ZIP
PD	BILLIE LADSON	200 AVE K SE #443	WINTER HAVEN	FL	33880
VP	RICHARD STABA	76 PEROU ST	WINTER HAVEN	FL	33881
S	ZUMPF, IRENE	2404 A TRER NW	WINTER HAVEN	FL	33880
T	THOMAS, RUTH	405 MAGGIE CIRCLE	WINTER HAVEN	FL	33880
L	YOUNG, J. BAKES	2011 8th TERR SE	WINTER HAVEN	FL	33880
ARD	PEARSON, BEATRICE	4750 TRANSPORT RD	BARLOW	FL	33880

TITLE	NAME	STREET ADDRESS	CITY	ST	ZIP
PD	BROKENBURR, MARION	414 AVE O NE	WINTER HAVEN	FL	33881
VP					
S	FILLINGHAM, HELEN-S/D	4544 RED WOOD DR	WINTER HAVEN	FL	33880
ACT	ZUMPF IRENE-T	2404 A TRER NW	WINTER HAVEN	FL	33880
D	GEATHERS, LEMUEL-D	346 AVE O SW	WINTER HAVEN	FL	33880
ARD	JOHNSON, MARION-D	86 CENTER ST	WINTER HAVEN	FL	33881

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)(b), 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 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 817, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Marion Brokenburr Marion Brokenburr
(Signature typed or printed name of signing officer or director) Date