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 # 721017 (2)

1. Corporation Name

WINTERHAVEN CHAPTER #847 OF AMERICAN ASSOCIATION OF RETIRED PERSON, INC.

Principal Place of Business
NORA MAYO HALL
3RD ST N.W.
WINTER HAVEN FL

Mailing Address
P.O. BOX 9142
WINTER HAVEN FL 33883

3. Date Incorporated or Qualified: 05/25/1971
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21 NORA MAYO HALL
22 Suite, Apt. #, etc. 3RD ST. N.W.
23 City & State WINTER HAVEN FL
24 Zip 33880 25 Country POLK

2a. Mailing Address
26 P.O. BOX 9142
27 Suite, Apt. #, etc.
28 City & State WINTER HAVEN FL.
29 Zip 33880 30 Country POLK

4. FEI Number 23-7160999 — 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
BROKENBURR, MARION
414 AVE. O N.E.
WINTER HAVEN FL 33881

10. Name and Address of New Registered Agent
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 resigning — DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	BROKENBURR, MARION	
STREET ADDRESS	414 AVE. O N.E.	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	VP	☑ DELETE
NAME	SZTABA, RICHARD	
STREET ADDRESS	76 OERCH ST.	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	SD	☑ DELETE
NAME	FILLINGAN, HELEN	
STREET ADDRESS	4544 RED WOOD DR.	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	T	☐ DELETE
NAME	ZUMPF, IRENE	
STREET ADDRESS	2409 A TERR. N.W.	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	D	☐ DELETE
NAME	GEATHERS, LEMUEL	
STREET ADDRESS	346 AVE. O., S.W.	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	D	☐ DELETE
NAME	JOHNSTON, MARION	
STREET ADDRESS	86 CENTER ST.	
CITY-ST-ZIP	WINTER HAVEN FL 33880	

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	VP	☑ Change ☐ Addition
2.2 NAME	HAMILTON, OLIDA	
2.3 STREET ADDRESS	125 AVE C. S.E.	
2.4 CITY-ST-ZIP	WINTER HAVEN, FL 33880	
3.1 TITLE	SD	☑ Change ☐ Addition
3.2 NAME	VANder ZWAN, SAM	
3.3 STREET ADDRESS	339 AVE L. N.E.	
3.4 CITY-ST-ZIP	WINTER HAVEN, FL 33881	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 Brokenburr Marion Brokenburr 4-8-96 (941) 293-4204
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)