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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 13 AM 11:09

DOCUMENT # 722054 (4)

1. Corporation Name

WILLISTON AREA CHAPTER #912 OF AMERICAN ASSOCIAT ION OF RETIRED PERSON, INC.

Principal Place of Business	Mailing Address
C/O REBA GREENE CR 547-632, RT. 1, BOX 632 MORRISTON FL 32668	C/O REBA GREENE CR 547-632, RT. 1, BOX 632 MORRISTON FL 32668

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/10/1971
3a. Date of Last Report: 04/18/1994
4. FEI Number: 23-7140456 ☐ 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
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 (21):
Suite, Apt. #, etc. (22):
City & State (23):
Zip (24): Country (25):

2a. Mailing Address (26):
Suite, Apt. #, etc. (27):
City & State (28):
Zip (29): Country (30):

9. Name and Address of Current Registered Agent

GREENE, REBA
CR 547-632
RT. 1, BOX 632
MORRISTON FL 32668

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 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 Reba Greene
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	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	GREENE, BEN	1.2 NAME	Roy Whitworth.	
STREET ADDRESS	CR 547-632 RT 1 BOX 632	1.3 STREET ADDRESS		
CITY-ST-ZIP	MORRISTON FL 32668	1.4 CITY-ST-ZIP	Archer, Fla. 32618	
TITLE	VPD	2.1 TITLE	VPD	☒ Change ☐ Addition
NAME	MASAROS, STEVE	2.2 NAME	Jim Harris	
STREET ADDRESS	219 NE 3RD AVE	2.3 STREET ADDRESS	Rt 2 Box 191-A	
CITY-ST-ZIP	WILLISTON FL 32696	2.4 CITY-ST-ZIP	Williston Fl. 32696	
TITLE	VPD	3.1 TITLE		☐ Change ☐ Addition
NAME	D'APRIEL, JOE	3.2 NAME	X we elimanated	
STREET ADDRESS	304 HAVERFORD, RD. X	3.3 STREET ADDRESS	this position	
CITY-ST-ZIP	ARCHER FL	3.4 CITY-ST-ZIP		
TITLE	SD	4.1 TITLE		☐ Change ☐ Addition
NAME	GREENE, REBA	4.2 NAME		
STREET ADDRESS	CR 547-632 RT 1 BOX 632	4.3 STREET ADDRESS		
CITY-ST-ZIP	MORRISTON FL 32668	4.4 CITY-ST-ZIP		
TITLE	TD	5.1 TITLE		☐ Change ☐ Addition
NAME	GRAHAM, MARGARET	5.2 NAME		
STREET ADDRESS	730 NW 7TH STREET	5.3 STREET ADDRESS		
CITY-ST-ZIP	WILLISTON FL 32696	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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: Reba Greene
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 27, 1995 (904) 528-5079
Date Daytime Phone #