FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



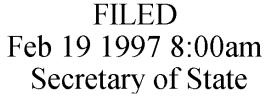
FLORIDA DEPARTMENT OF STATE Sandra B. Mirtham *

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # 722054

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





TON OF TIETHED TENOON INC.					
Principal Place of Business Mailing Address				t follsti toare tibte libit adiet bitti a	at alāti bigis Rībit Krais didis Bibit izbī
C/O REBA GREENE CR 547-632, RT: 1, BOX-632 CR 547-632, RT: 1, BOX-632 MORRISTON FL 32668 MORRISTON FL 32668-9738					
		MONNISTON PL S2000-9700		3. Date Incorporated or Qualified 11/10/1971	3a. Date of Last Report 03/22/1996
2. Principal F	Place of Business	2a. Mailing Address CR	541	4. FEI Number	Applied For
1		26 4750 SE 1	60 Ave	23-7140456	Not Applicabl
Suite, Apt.	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stal	e	City & State		6. Election Campaign Financing	\$5.00 May Be
3		28 Morriston	L	Trust Fund Contribution	Added to Fees
Zip	Country	Zip 34668	Country	8. This corporation has liability for	
4	9. Name and Address of Curre		30 Levy	Florida Statutes 10. Name and Address of New Re	Yes No
	<u> </u>		81 Name		
GREENE	RERA		82 Street Ad	Henry (D.O. Care M. Impaction Mark Assessment	.1-1
GREENE, REBA CR 547-632			Street Address (P.O. Box Number is Not Acceptable)		
CR 547-632 4750 SE 160 Ave.			83		
MORRIS'	TON FL 32668		84 City		FL 85 Zip Code
11 Pureuant	to the provisions of Sections 617.06	5/12 and 617 15/08 Florida Statute	s the above-named co	orporation submits this statement for the p	
agent. I a	am familiar with, and accept the oblining the state of the oblining the state of th	gations of, Section 617.0503, Flo	rida Statutes. Registered Agent signature re	ration's board of directors. I hereby accel	an. 8,1997
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	PD	DELETE	1.1 TITLE	PD	Change Addition
NAME	WHITWORTH, ROY		1.2 NAME	Ben Greene	ILA AUP.
STREET ADDRESS	CR 547-632 RT 1 BOX 632		1.3 STREET ADDRESS	24 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	36 160 1100
CITY-ST-ZIP TITLE	VPD	X DELETE	1.4 CITY - ST - ZIP 2.1 TITLE	Morriston, Fl.	Change Additio
NAME	HARRIS, JIM	43	2.2 NAME		
STREET ADDRESS	RT 2 BOX 1915A		2.3 STREET ADDRESS	Joe Adamovage 17570 SE 66th Morriston	PI,
CITY-ST-ZIP	WILLISTON FL		2. 4 CITY-ST-ZIP	WOLLIQUE M	
TITLE	SD	DELETE	3.1 TITLE		☐ Change ☐ Additio
NAMÉ	GREENE, REBA		3.2 NAME	,	
STREET ADDRESS	CR 547-632 RT 1 BOX 632		3.3 STREET ADDRESS		
CITY-ST-ZIP	MORRISTON FL 32668	[DELETE	3.4. CITY-ST-ZIP		Change Additio
TITLE	GRAHAM, MARGARET		4.2 NAME		C CHRISE C MORRE
NAME STREET ADDRESS	1		4.2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP	WILLISTON FL 32696		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Additio
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			5.4 CITY-ST-ZIP		page 1
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME		☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME		Change Additio
CITY-ST-ZIP TITLE		☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Addition

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: DI OUGALET LIVELLY JUGGUMARGARET GRAHN 1-29-97
SIGNATURE AND TYPED OR PRINTED NAME OF BIONING OFFICER OR DIRECTOR