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

APPROVED AND FILED

95 MAY -1 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 722629 (3)

1. Corporation Name

JACKSONVILLE BEACHES CHAPTER # 107 OF AMERICAN A SSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business	Mailing Address
325 N 7TH AVE JACKSONVILLE BEACH FL 32250 US	1783 PARK TERRACE E ATLANTIC BEACH FL 32233 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/09/1972
3a. Date of Last Report: 05/01/1994
4. FEI Number: 23-7161288 ☐ 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	2a. Mailing Address
21 BAPTIST HOSPITAL BEACHES	26
Suite, Apt. #, etc. 22 1350 13TH AVE SOUTH	Suite, Apt. #, etc. 27
City & State 23 JACKSONVILLE BEACH, FL.	City & State 28
Zip / Country 24 32250 / 25 DUVAL	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

MORRISSEY, EVELYN
2811 SUNNI PINES, B.W.
JACKSONVILLE BEACH FL 32250

10. Name and Address of New Registered Agent

81 Name: ERIKA DOBKINS
82 Street Address (P.O. Box Number is Not Acceptable): 115 11th STREET NORTH
83
84 City: JACKSONVILLE BEACH, FL 85 Zip Code: 32250

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: Erika Dobkins ERIKA DOBKINS. 4-12-95
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	D	1.1 TITLE	D ☒ Change ☐ Addition
NAME	FRYE, LESLIE	1.2 NAME	SUE HEATON
STREET ADDRESS	316 SECOND ST.	1.3 STREET ADDRESS	345 8th ST
CITY-ST-ZIP	ATLANTIC BEACH FL	1.4 CITY-ST-ZIP	ATLANTIC BEACH, FL. 32233
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	SCHNEIDER, LAURA	2.2 NAME	
STREET ADDRESS	1783 PARK TERRACE E	2.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	☐ Change ☐ Addition
NAME	FITZPATRICK, FLORENCE	3.2 NAME	200001483712
STREET ADDRESS	350 PONTE VEDRA BLVD	3.3 STREET ADDRESS	-05/11/95--01016--001
CITY-ST-ZIP	PONTE VEDRA FL	3.4 CITY-ST-ZIP	***9038.75- ****130.00
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	SCHNEIDER, LAWRENCE A	4.2 NAME	
STREET ADDRESS	1783 PARK TERRACE E	4.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	PALMER, MICKEY	5.2 NAME	
STREET ADDRESS	3105 S. 1ST STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	5.4 CITY-ST-ZIP	
TITLE	P	6.1 TITLE	☐ Change ☐ Addition
NAME	CRISTE, ARLYS	6.2 NAME	BPS110
STREET ADDRESS	106 PABLO POINT DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32225	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: Lawrence A. Schneider 10 APRIL 95 904-249-5802
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
LAWRENCE A. SCHNEIDER

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