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May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **723213** (5)

1. Corporation Name

**SEMINOLE CHAPTER #936 OF AMERICAN ASSOCIATION OF
RETIRED PERSON INC**

Principal Place of Business

Mailing Address

**SHIRLEY MAY
131 BLUFFVIEW DR. 107
BELLEAIR BLUFF FL 34640
US**

**SHIRLEY MAY
131 BLUFFVIEW DR. 107
BELLEAIR BLUFFS FL 33770-1331
US**

3. Date Incorporated or Qualified
04/19/1972

3a. Date of Last Report
04/17/1996

2. Principal Place of Business
21 Mary Gruber

2a. Mailing Address
26 9209 Seminole Blvd

4. FEI Number
23-7178005

Applied For
Not Applicable

Suite, Apt. #, etc.
22 #144

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

City & State
23 Seminole Fla

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

Zip Country
24 33772 25 USA

Zip Country
29 30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KINNEY, MARGIEANN
131 BLUFFVIEW DR. #105
BELLEAIR BLUFFS FL 34640-8331**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	TD	<input type="checkbox"/> DELETE
NAME	SASSON, MARY	
STREET ADDRESS	2525 W. BAY DR. C-34	
CITY-ST-ZIP	BELLEAIR BLUFFS FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MAY, OTIS G	
STREET ADDRESS	131 BLUFFVIEW DR. #107	
CITY-ST-ZIP	BELLEAIR BLUFFS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MAY, SHIRLEY	
STREET ADDRESS	131 BLUFFVIEW DR. #107	
CITY-ST-ZIP	BELLEAIR BLUFFS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEE, EDANA	
STREET ADDRESS	11427 116 AVENUE N	
CITY-ST-ZIP	LARGO FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	KINNEY, GORDON	
STREET ADDRESS	131 BLUFFUCEN DRIVE #105	
CITY-ST-ZIP	BELLEAIR BLUFFS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ADKINS, SUSAN	
STREET ADDRESS	2131 RIDGE ROAD #82	
CITY-ST-ZIP	LARGO FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Gruber, Mary B.
2.3 STREET ADDRESS	9209 Seminole Blvd #144
2.4 CITY-ST-ZIP	Seminole Fla 33772
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Burke Elsie
3.3 STREET ADDRESS	2131 Ridge Rd #108
3.4 CITY-ST-ZIP	Largo, Fla 33778
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	VPD Margieann Kinney
5.3 STREET ADDRESS	131 Bluffview Dr. #105
5.4 CITY-ST-ZIP	Bellair Bluffs, Fl 33770
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	100002185931
6.3 STREET ADDRESS	-05/21/97--01006--010
6.4 CITY-ST-ZIP	***61.25

14. I do hereby certify that the information supplied with this filing 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: *Mary Gruber* **NE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22, 1997

813-398-1613

Date

Daytime Phone # 0049549

CR2E037 (9/96)