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Jun 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 723213

1. Corporation Name
Seminole Chapter #936 of American Association of Retired Persons Inc.
C/o Mary Gruber
9209 Seminole Blvd. #144

Principal Place of Business: Seminole FL. 33772
Mailing Address: same as above.

3. Date Incorporated or Qualified: 4/19/1972

4. FEI Number: 237178005 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21: same as above
22: Suite, Apt. #, etc.
23: City & State
24: Zip
25: Country

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

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No N/A

9. Name and Address of Current Registered Agent

Margeanne Kinney
131 Bluffview Dr. #105
Belleair Bluffs, FL. 33770

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: Margeanne Kinney (Signature typed to prevent use of registered agent's title. Required.) (NOTE: Registered Agent signature required when reinstating) DATE: May 26, 1998

12. OFFICERS AND DIRECTORS

TITLE P/D	Mary Gruber	☐ DELETE
NAME / STREET ADDRESS	9209 Seminole Blvd # 144	
CITY-ST-ZIP	Seminole, FL. 33772	
TITLE V#P/D	Margieann Kinney	☐ DELETE
NAME / STREET ADDRESS	131 Bluffview Dr # 105	
CITY-ST-ZIP	Belleair Bluffs FL 33770	
TITLE S/D	Clara Greenwell	☐ DELETE
NAME / STREET ADDRESS	2131 Ridge Rd #59	
CITY-ST-ZIP	Largo, FL. 33778	
TITLE T/D	Mary Sasson	☐ DELETE
NAME / STREET ADDRESS	2525 W. Bay Dr. C-34	
CITY-ST-ZIP	Belleair Bluffs, FL. 33770	
TITLE O	Edna Lee	☐ DELETE
NAME / STREET ADDRESS	11427 116th Lane N.	
CITY-ST-ZIP	Seminole, FL 33772	
TITLE D	Elsie Burke	☐ DELETE
NAME / STREET ADDRESS	2131 Ridge Rd #108	
CITY-ST-ZIP	Largo, FL. 33778	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	400002554574 -06/10/98--01042--044 ***61.25	☐ Change ☐ Addition

CR2E037 (10/97)

14. I 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 Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — 813-398-1613 Daytime Phone #