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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 23 PM 3:29

DOCUMENT # **723762** **(1)**

1. Corporation Name

SOUTH MARION, BELLEVIEW CHAPTER #297 OF AMERCIAN ASSOCIATION OF RETIRED PERSONS, INC

Principal Place of Business	Mailing Address
5425 SE 107 PL BELLEVIEW FL 34420	5425 SE 107 PL BELLEVIEW FL 34420

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/27/1972
3a. Date of Last Report: 04/18/1994
4. FEI Number: 23-7205388 — 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

SMITH, MILDRED L.
5425 SE 117 PL
BELLEVIEW FL 34420

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when restated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	P ☐ Change ☐ Addition
NAME	LYNONS, KITTY	12 NAME	MARY-L IPPINICOTT
STREET ADDRESS	4900 SE 102 PL	13 STREET ADDRESS	4955 SE 148th place
CITY-ST-ZIP	BELLEVIEW FL	14 CITY ST ZIP	Belleview FL 34420
TITLE	S	21 TITLE	☐ Change ☐ Addition
NAME	ROSS, CATHERINE L.	22 NAME	
STREET ADDRESS	11786 SE 72 AVE	23 STREET ADDRESS	
CITY-ST-ZIP	BELLEVIEW FL	24 CITY ST ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	SMITH, MILDRED	32 NAME	
STREET ADDRESS	5425 SE 107 PL	33 STREET ADDRESS	
CITY-ST-ZIP	BELLEVIEW FL 34420	34 CITY ST ZIP	
TITLE	D	41 TITLE	D ☐ Change ☐ Addition
NAME	HOUDE, TONY	42 NAME	BETTIE-KASPER
STREET ADDRESS	10650 SE 54 AVE	43 STREET ADDRESS	10441 SE TIMUCUAN ISL Rd
CITY-ST-ZIP	BELLEVIEW FL 34420	44 CITY ST ZIP	SUMMERFIELD FL 34491
TITLE	D	51 TITLE	VD ☐ Change ☐ Addition
NAME	FITCH, LUCILLE	52 NAME	FITCH LUCILLE
STREET ADDRESS	5227 SE 115 ST	53 STREET ADDRESS	5227 SE 115 ST
CITY-ST-ZIP	BELLEVIEW FL	54 CITY ST ZIP	BELLEVIEW FL 34420
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	GEORGIADES, GEORGE	62 NAME	
STREET ADDRESS	5146 SE 107 ST.	63 STREET ADDRESS	
CITY-ST-ZIP	BELLEVIEW FL 34420	64 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: Mildred L Smith MILDRED L SMITH 2/20 95 904-245-6142
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0064833