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Mar 06 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 723762 (1)

1. Corporation Name

SOUTH MARION, BELLEVUE CHAPTER #297 OF AMERICAN
ASSOCIATION OF RETIRED PERSONS, INC

Principal Place of Business

Mailing Address

5425 SE 107 PL
BELLEVUE FL 344205425 SE 107 PL
BELLEVUE FL 34420-32293. Date Incorporated or Qualified
06/27/19723a. Date of Last Report
02/09/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

23-7205388

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. 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

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

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 3-5-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	LIPPINCOTT, MARY	
STREET ADDRESS	4955 SE 148TH PLACE	
CITY-ST-ZIP	BELLEVUE FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	LARSEN, GRACE	
STREET ADDRESS	5139 SE 107TH ST	
CITY-ST-ZIP	BELLEVUE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SMITH, MILDRED	
STREET ADDRESS	5425 SE 107 PL	
CITY-ST-ZIP	BELLEVUE FL 34420	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FITCH, ROBERT	
STREET ADDRESS	5227 SE 115TH ST	
CITY-ST-ZIP	BELLEVUE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FITCH, LUCILLE	
STREET ADDRESS	5227 SE 115 ST	
CITY-ST-ZIP	BELLEVUE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GEORGIADIS, GEORGE	
STREET ADDRESS	5146 SE 107 ST.	
CITY-ST-ZIP	BELLEVUE FL 34420	

1.1 TITLE	PLARSEN GRACE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	5139 SE 107 ST	
1.3 STREET ADDRESS	BELLEVUE FL	
1.4 CITY-ST-ZIP		
2.1 TITLE	SCYNTHIA DILLON	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	9551 SE 155th	
2.3 STREET ADDRESS	Summerfield FL 34491	
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: Mildred L. Smith MILDRED L. SMITH 3/5/97 352-2456142
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0064874

CR2E037 (9/96)