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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # **724293** **(6)**

1. Corporation Name

BOCA RATON CHAPTER #1091 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business	Mailing Address
BOCA RATON COMMUNITY CENTER 150 CRAWFORD BLVD. BOCA RATON FL 33432	6035 SOUTH VERDE TRAIL APT. J-309 BOCA RATON FL 33433 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/07/1972
3a. Date of Last Report: 05/01/1994
4. FEI Number: 23-7205392 ☐ 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 SAME	26 1271 N.W. 13 ST -
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 356 E.
City & State 23	City & State 28 BOCA RATON, FL.
Zip / Country 24 / 25	Zip / Country 29 33486 / 30 PALM BEACH

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DOBBS, LUISE E. 6035 SOUTH VERDE TRAIL APT. J-309 BOCA RATON FL 33433	91 Name: Amspaugh, Harold 92 Street Address (P.O. Box Number is Not Acceptable): 1271 N.W. 13 St. #356 E, 93 Boca Raton, Fl. 33486 94 City: Boca Raton, Fl. FL 95 Zip Code: 33486

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: Harold E. Amspaugh — HAROLD AMSPAUGH (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registering Agent signature required when reinstating) — DATE: 2/27/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHOWALTER, OSCAR W. 320 N.W. 42ND STREET BOCA RATON FL 33431	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition SAME 300001483693 -05/11/95--01016--001
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P THOMAS, JUNE GRAVES 299 N.W. 10TH COURT BOCA RATON FL 33486	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition SAME ***9038.75 ****130.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DOBBS, LUISE E. 6035 SOUTH VERDE TRAIL APT. J-309 BOCA RATON FL	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☒ Change ☐ Addition TD Amspaugh, Harold 1271 N.W. 13th St. 356- E Boca Raton, Fl. 33486
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MADDEN, JOHN 999 N.W. 8TH STREET BOCA RATON FL 33486	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☒ Change ☐ Addition V V. Madden, Alma 999 N.W. 8th Street Boca Raton, Fl. 33486
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OKUN, HY 5500 NW 2ND AVE BOCA RATON FL	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition Same
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LYNN, DORIS 50 S.E. 12TH AVE. APT-138 BOCA RATON FL	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☒ Change ☐ Addition SD SD. Marron, Eleanor 201 S.W. Sixth Street Boca Raton, Fl. 33432

DM 5/10

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 the 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: Harold E. Amspaugh HAROLD AMSPAUGH 2/27/95 (407)392-0805
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0048599