

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
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

BOCA RATON COMMUNITY CENTER
150 CRAWFORD BLVD.
BOCA RATON FL 33432

Mailing Address

1271 N.W. 13 ST
356 E
BOCA RATON FL 33486
US



3. Date Incorporated or Qualified
09/07/1972

3a. Date of Last Report
05/01/1995

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

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 ABOVE

26 ABOVE

22 ABOVE

27 ABOVE

23 ABOVE

28 ABOVE

24 ABOVE

29 ABOVE

Country ☒

Country ☒

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMSPAUGH, HAROLD
1271 NW 13 ST
#356 E
BOCA RATON FL 33486

81 Name SAME

82 Street Address (P.O. Box Number is Not Acceptable)
SAME

83 City SAME

84 City SAME

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

Harold E. Ampaugh

2/12/96

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ DELETE

☐ Change

☐ Addition

TITLE D
NAME SCHOWALTER, OSCAR W.
STREET ADDRESS 320 N.W. 42ND STREET
CITY-ST-ZIP BOCA RATON FL 33431

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

D
SCHOWALTER, OSCAR W.
SAME

TITLE P
NAME THOMAS, JUNE GRAVES
STREET ADDRESS 299 N.W. 10TH COURT
CITY-ST-ZIP BOCA RATON FL 33486

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

D.
THOMAS, JUNE GRAVES
SAME

TITLE TD
NAME AMSPAUGH, HAROLD
STREET ADDRESS 1271 N.W. 13TH ST, 356-E
CITY-ST-ZIP BOCA RATON FL 33486

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TD
AMSPAUGH, HAROLD
SAME

TITLE V
NAME MADDEN, ALMA V
STREET ADDRESS 999 N.W. 8TH STREET
CITY-ST-ZIP BOCA RATON FL 33486

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

V
MADDEN, ALMA V.
SAME

TITLE D
NAME OKUN, HY
STREET ADDRESS 5500 NW 2ND AVE
CITY-ST-ZIP BOCA RATON FL

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

D.
OKUN, HY
SAME.

TITLE SD
NAME MARRON, ELEANOR
STREET ADDRESS 201 S.W. SIXTH STREET
CITY-ST-ZIP BOCA RATON FL 33432

☒ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

P. EMIL DANCIA
1101 S.W. 9TH AVE
BOCA RATON FL 33486

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)(k), 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:

Harold E. Ampaugh

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/96

392-0805

DATE

Telephone Number

CR2E037 (12/95)