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

APPROVED AND FILED
95 APR -4 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **724813** **(1)**

1. Corporation Name

MELROSE CHAPTER #1118 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC

Principal Place of Business	Mailing Address
%JOHN SUFFKA P.O. BOX 365 MELROSE FL 32666	%JOHN SUFFKA P.O. BOX 365 MELROSE FL 32666

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/16/1972**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **23-7241861** ☐ 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	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

RATZ, JR., KENNETH
125 SERENA CIRCLE
MELROSE FL 32666

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City **FL** 65 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: Ken Ratz Jr. 3-17-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	RATZ, JR., KENNETH	1.2 NAME	
STREET ADDRESS	125 SERENA CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MELROSE FL 32666	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	☐ Change ☐ Addition
NAME	SCRIVEN, THOMAS	2.2 NAME	
STREET ADDRESS	RT 1 BOX 245 A	2.3 STREET ADDRESS	
CITY-ST-ZIP	HAWTHORN FL 32640	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	SCHENK, ELLA MAE	3.2 NAME	
STREET ADDRESS	11813 NE 205TH TERRACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	EARLETON FL 32631	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	SUFFKA, DELORIS	4.2 NAME	
STREET ADDRESS	P O BOX 365 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	MELROSE FL 32666	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	☐ Change ☐ Addition
NAME	SUFFKA, JOHN	5.2 NAME	
STREET ADDRESS	P O BOX 365 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	MELROSE FL 32666	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	ODEN, MILLICENT	6.2 NAME	
STREET ADDRESS	5056 TINON RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656	6.4 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: [signature] Treasurer 3-17-95 904-475-5318
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

0696281