

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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 385
MELROSE FL 32666

%JOHN SUFFKA
P.O. BOX 385
MELROSE FL 32666



3. Date Incorporated or Qualified
11/16/1972

3a. Date of Last Report
04/04/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

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**

8. 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

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

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

(NOTE: Registered Agent signature required when reinstating)

2 APR '96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **P RATZ, JR., KENNETH**
STREET ADDRESS **125 SERENA CIRCLE**
CITY-ST-ZIP **MELROSE FL 32666**

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

TITLE ☐ DELETE
NAME **VPD SCRIVEN, THOMAS**
STREET ADDRESS **RT 1 BOX 245 A**
CITY-ST-ZIP **HAWTHORN FL 32640**

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

TITLE ☐ DELETE
NAME **D SCHENK, ELLA MAE**
STREET ADDRESS **11813 NE 205TH TERRACE**
CITY-ST-ZIP **EARLETON FL 32631**

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

TITLE ☐ DELETE
NAME **S SUFFKA, DELORIS**
STREET ADDRESS **P O BOX 385 N/A**
CITY-ST-ZIP **MELROSE FL 32666**

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

TITLE ☐ DELETE
NAME **T SUFFKA, JOHN**
STREET ADDRESS **P O BOX 385 N/A**
CITY-ST-ZIP **MELROSE FL 32666**

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

TITLE ☐ DELETE
NAME **D ODEN, MILLCENT**
STREET ADDRESS **5056 TINON RD**
CITY-ST-ZIP **KEYSTONE HEIGHTS FL 32656**

6.1 TITLE ☐ Change ☐ 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 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer.

2 APR '96

352-475-5318

Date Daytime Phone #

CR2E037 (12/95)