CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 11:52

DOCUMENT # 725721 (5)

1. Corporation Name

BAREFOOT BAY CHAPTER# 1263 OF AMERICAN ASSOCIATI ON OF RETIRED PERSONS INC

Principal Place of Business	Mailing Address
500 N. SEAGULL CIRCLE BAREFOOT BAY FL 32976 US	500 N. SEAGULL CIRCLE BAREFOOT BAY FL 32976 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/06/1973
3a. Date of Last Report: 04/12/1994
4. FEI Number: 23-7247816 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 719 E. Lark Drive	26 719 E. Lark Drive
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Barefoot Bay, FL	City & State 28 same
Zip / Country 24 32976 / 25 U.S.A.	Zip / Country 29 same / 30 same

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

9. Name and Address of Current Registered Agent

BANKS, MARGIE J
500 N. SEAGULL CIRCLE
BAREFOOT BAY FL 32976

10. Name and Address of New Registered Agent

81 Name: Beverly A. Greeley
82 Street Address (P.O. Box Number is Not Acceptable): 719 E. Lark Drive
83
84 City: Barefoot Bay FL 85 Zip Code: 32976

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: Beverly A Greeley
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	TD	11 TITLE		☐ Change ☐ Addition
NAME	LONG, RUTH F	12 NAME		
STREET ADDRESS	1256 N. BAREFOOT CIRCLE	13 STREET ADDRESS		
CITY-ST-ZIP	BAREFOOT BAY FL	14 CITY-ST-ZIP		
TITLE	~~SD~~	21 TITLE	P/D	☒ Change ☐ Addition
NAME	GREELEY, BEVERLY	22 NAME		
STREET ADDRESS	719 E LARK DRIVE	23 STREET ADDRESS		
CITY-ST-ZIP	BAREFOOT BAY FL	24 CITY-ST-ZIP		
TITLE	~~RD~~	31 TITLE	V/D	☒ Change ☐ Addition
NAME	BANKS, MARGIE J	32 NAME		
STREET ADDRESS	500 N SEAGULL CIRCLE	33 STREET ADDRESS		
CITY-ST-ZIP	BAREFOOT BAY FL	34 CITY-ST-ZIP		
TITLE	VD	41 TITLE		☐ Change ☐ Addition
NAME	NAPOLI, CARL	42 NAME		
STREET ADDRESS	1202 W BAREFOOT CIR	43 STREET ADDRESS		
CITY-ST-ZIP	BAREFOOT BAY FL	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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: Ruth F. Long — Ruth F. Long — 4/10/95 — 407-664-4193
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

0037064