

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 # 725721 (5)

1. Corporation Name

BAREFOOT BAY CHAPTER# 1263 OF AMERICAN ASSOCIATION OF RETIRED PERSONS INC



Principal Place of Business

Mailing Address

**719 E. LARK DRIVE
BAREFOOT BAY FL 32976
US**

**719 E. LARK DRIVE
BAREFOOT FL 32976
US**

3. Date Incorporated or Qualified

03/06/1973

3a. Date of Last Report

04/12/1995

2. Principal Place of Business

2a. Mailing Address

21 same

26 same

4. FEI Number

23-7247816

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

City & State

23 same

28 same

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24 same

25 U.S.A.

29 same

30 same

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

**GREELEY, BEVERLY A.
~~500 N. SEAGULL CIRCLE~~
719 E. LARK DRIVE
BAREFOOT BAY FL 32976**

(remove)

81 Name

same

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 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, 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 ☐ DELETE

NAME **TD LONG, RUTH F**

STREET ADDRESS **1256 N. BAREFOOT CIRCLE**

CITY-ST-ZIP **BAREFOOT BAY FL**

TITLE ☐ DELETE

NAME **PD GREELEY, BEVERLY**

STREET ADDRESS **719 E LARK DRIVE**

CITY-ST-ZIP **BAREFOOT BAY FL**

TITLE ☐ DELETE

NAME **VD BANKS, MARGIE J**

STREET ADDRESS **500 N SEAGULL CIRCLE**

CITY-ST-ZIP **BAREFOOT BAY FL**

TITLE ☐ DELETE

NAME **VD NAPOLI, CARL**

STREET ADDRESS **1202 W BAREFOOT CIR**

CITY-ST-ZIP **BAREFOOT BAY FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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:

Ruth F. Long

Ruth F. Long

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer

4/10/96

Date

407-664-4193

Daytime Phone #

CR2E037 (12/95)