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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 MAR -8 PM 3:20

DOCUMENT # 725887 (4)

1. Corporation Name

ENGLEWOOD, FLA. CHAPTER #1344 OF AMERICAN ASSOCI CATION OF RETIRED PERSONS, INC.

Principal Place of Business	Mailing Address
C/O NAOMA LILL FREET 5210 PLACIDA RD ENGLEWOOD FL 34224 US	C/O NAOMA LILL FREET 5210 PLACIDA RD ENGLEWOOD FL 34224 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/22/1973
3a. Date of Last Report: 04/20/1994
4. FEI Number: 23-7261647 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 ALTA Webster	26 ALTA Webster
22 Suite, Apt. #, etc. 9181 Griggs Rd #71	27 Suite, Apt. #, etc. 9181 Griggs Rd #71
23 City & State Englewood	28 City & State Englewood
24 Zip 34223 / 25 Country	29 Zip 34223 / 30 Country

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	10. Name and Address of New Registered Agent
LANG, JOAN L. 135 SOUTH NEW YORK AVE ENGLEWOOD FL 34223	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 607.0502 and 607.1509, 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: Joan L Lang DATE: 3/2/95
Signature, typed or printed name of registered agent and title if applicable. Note: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	LANG, JOAN L.	1.2 NAME	ALTA Webster #71	
STREET ADDRESS	135 SOUTH NEW YORK AVE	1.3 STREET ADDRESS	9181 Griggs Rd	
CITY-ST-ZIP	ENGLEWOOD FL	1.4 CITY-ST-ZIP	Englewood FL 34223	
TITLE	VD	2.1 TITLE	VD	☑ Change ☐ Addition
NAME	FREET, WILLIAM	2.2 NAME	MADELINE Kwil	
STREET ADDRESS	5210 PLACIDA RD	2.3 STREET ADDRESS	1690 Elmer PL	
CITY-ST-ZIP	ENGLEWOOD FL	2.4 CITY-ST-ZIP	Englewood, FL 34223	
TITLE	VD	3.1 TITLE		☐ Change ☐ Addition
NAME	STAUB, NORMA	3.2 NAME		
STREET ADDRESS	10438 SANDRIFT AVE.	3.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD FL	3.4 CITY-ST-ZIP		
TITLE	VD	4.1 TITLE	VD	☐ Change ☐ Addition
NAME	FREET, NAOMA LILL	4.2 NAME	Dorothy Bennett	
STREET ADDRESS	5210 PLACIDA RD	4.3 STREET ADDRESS	9431 El Camp Ave	
CITY-ST-ZIP	ENGLEWOOD FL	4.4 CITY-ST-ZIP	Englewood, FL 34224	
TITLE	T	5.1 TITLE		☐ Change ☐ Addition
NAME	EDES, DOROTHY	5.2 NAME		
STREET ADDRESS	1575 BARBARA PL	5.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD FL	5.4 CITY-ST-ZIP		
TITLE	S	6.1 TITLE		☐ Change ☐ Addition
NAME	PLUMB, DOROTHY	6.2 NAME		
STREET ADDRESS	900 S. OXFORD DRIVE	6.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD FL	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: Dorothy C. Edes 3/2/95 (813) 474-4103
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone Number

0062053