

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 # 725887 (4)
1. Corporation Name
ENGLEWOOD, FLA. CHAPTER #1344 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.



Principal Place of Business

Mailing Address

C/O WEBSTER, ALTA
9181 GRIGGS ROAD #71
ENGLEWOOD FL 34223
US

C/O WEBSTER, ALTA
9181 GRIGGS ROAD, #71
ENGLEWOOD FL 34223
US

3. Date Incorporated or Qualified

03/22/1973

3a. Date of Last Report

03/08/1995

2. Principal Place of Business

2a. Mailing Address

21 STAUB, NORMA

26 STAUB, NORMA

4. FEI Number

23-7261647

Applied For

Not Applicable

Suite, Apt. #, etc.

22 10438 SANDRIFF AVE

Suite, Apt. #, etc.

27 10438 SANDRIFF AVE

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23 Englewood FL

City & State

28 Englewood FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

24 34224

Country

25 U.S.

Zip

29 34224

Country

30 US

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

LANG, JOAN L

82 Street Address (P.O. Box Number is Not Acceptable)

20088 TAPPAN CREEK DR

83

84 City

PORT CHARLOTTE

FL

85 Zip Code

33952

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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	WEBSTER, ALTA	9181 GRIGGS ROAD #71	ENGLEWOOD FL	<input checked="" type="checkbox"/>
VD	KUIK, MADELINE	1690 ELINOR PLACE	ENGLEWOOD FL	<input checked="" type="checkbox"/>
VD	STAUB, NORMA	10438 SANDRIFF AVE.	ENGLEWOOD FL	<input checked="" type="checkbox"/>
VD	BENNETT, DOROTHY	9431 EL CAMP AVENUE	ENGLEWOOD FL	<input checked="" type="checkbox"/>
T	EDES, DOROTHY	1575 BARBARA PL	ENGLEWOOD FL	<input checked="" type="checkbox"/>
S	PLUMB, DOROTHY	900 S. OXFORD DRIVE	ENGLEWOOD FL	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
BRES	DOYLE WOODRUFF	Resigned - ill health		<input checked="" type="checkbox"/>	<input type="checkbox"/>
1ST V. PRES (D)	STAUB, NORMA	10438 SANDRIFF AVE	ENGLEWOOD, FL 34224	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2nd V. PRES (D)	IRENE HAVERLACK	1015 MONTANA AVE	ENGLEWOOD FL 34223	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3rd V. PRES (D)	Dorothy Bennett	4431 El Camp Ave	Englewood FL 34222	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TRES	KUIK MADELINE	1690 ELINOR PLACE	ENGLEWOOD FL 34223	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SEC	DOROTHY PLUMB	900 S. OXFORD DR	ENGLEWOOD, FL 34223	<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)