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FILED

Feb 03 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
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

STAUB, NORMA  
10438 SANDRIFT AVE.  
ENGLEWOOD FL 34224  
USSTAUB, NORMA  
10438 SANDRIFT AVE  
ENGLEWOOD FL 34224-8222  
US3. Date Incorporated or Qualified  
03/22/19733a. Date of Last Report  
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

23-7261647

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 Fees8. 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.  
20088 TAPPAN ZEE DR.  
PORT CHARLOTTE FL 33952

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, 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 P ☐ DELETE  
NAME WOODRUFF, DOYLE  
STREET ADDRESS 9181 GRIGGS ROAD #71  
CITY-ST-ZIP ENGLEWOOD FL1.1 TITLE PRESIDENT ☒ Change ☐ Addition  
1.2 NAME STAUB, NORMA  
1.3 STREET ADDRESS 10438 SANDRIFT AVENUE  
1.4 CITY-ST-ZIP ENGLEWOOD, FL 34224TITLE VPD ☐ DELETE  
NAME STAUB, NORMA  
STREET ADDRESS 10438 SANDRIFT AVE.  
CITY-ST-ZIP ENGLEWOOD FL2.1 TITLE VPD ☒ Change ☐ Addition  
2.2 NAME HAVERLACK, IRENE  
2.3 STREET ADDRESS 1015 MONTANA AVENUE  
2.4 CITY-ST-ZIP ENGLEWOOD, FL 34223TITLE VPD ☐ DELETE  
NAME HAVERLACK, IRENE  
STREET ADDRESS 1015 MONTANA AVE.  
CITY-ST-ZIP ENGLEWOOD FL3.1 TITLE VPD ☒ Change ☐ Addition  
3.2 NAME DENNIS, STANLEY  
3.3 STREET ADDRESS 11231 EULER AVENUE  
3.4 CITY-ST-ZIP ENGLEWOOD, FL 34224TITLE VPD ☐ DELETE  
NAME BENNETT, DOROTHY  
STREET ADDRESS 9431 EL CAMP AVE.  
CITY-ST-ZIP ENGLEWOOD FL4.1 TITLE VPD ☒ Change ☐ Addition  
4.2 NAME ANDRULITIS, ANDY  
4.3 STREET ADDRESS 607 CHESTNUT LANE  
4.4 CITY-ST-ZIP ENGLEWOOD, FL 34223TITLE T ☐ DELETE  
NAME MADELINE, KURL  
STREET ADDRESS 1680 ELMOR PLACE  
CITY-ST-ZIP ENGLEWOOD FL5.1 TITLE T ☒ Change ☐ Addition  
5.2 NAME TOMLINSON, ANN  
5.3 STREET ADDRESS 872 EAST 5th STREET  
5.4 CITY-ST-ZIP ENGLEWOOD, FL 34223TITLE S ☐ DELETE  
NAME PLUMB, DOROTHY  
STREET ADDRESS 900 S. OXFORD DRIVE  
CITY-ST-ZIP ENGLEWOOD FL6.1 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 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: *Norma Staub*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0062519

CR2E037 (9/96)