FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 726430 (2)

1. Corporation Name

VERO BEACH CHAPTER # 1406 OF AMERICAN ASSOCIATIO N OF RETIRED PERSONS, INC.

Principal Place of Business	Mailing Address
1191 35TH AVENUE P.O. BOX 6702 VERO BEACH FL 32960	1191 35TH AVENUE P.O. BOX 6702 VERO BEACH FL 32960

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/17/1973
3a. Date of Last Report: 05/01/1994
4. FEI Number: 23-7273284 ☐ 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 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BURNHAM, JOHN A.
1191 35TH AVENUE
VERO BEACH FL 32960

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33 200001483692 -05/11/95--01016--001 ***9038.75 ***130.00
34 City FL 35

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 _____ DATE
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	P	11 TITLE P	☒ Change	☐ Addition
NAME	GIBBS, LELAND	12 NAME	HERTER, JAY	
STREET ADDRESS	620 16TH AVENUE	13 STREET ADDRESS	4601 N. AIA, APT 502	
CITY-ST-ZIP	VERO BEACH FL 32960	14 CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	V	21 TITLE V	☐ Change	☒ Addition
NAME	HERTER, JAY	22 NAME	BUCK, LOUIS	
STREET ADDRESS	4601 N. A1A, APT. 502	23 STREET ADDRESS	129 PARK SHORES CIRCLE	
CITY-ST-ZIP	VERO BEACH FL 32963	24 CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	T	31 TITLE	☐ Change	☐ Addition
NAME	BURNHAM, JOHN	32 NAME		
STREET ADDRESS	1191 35TH AVENUE	33 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE	☐ Change	☐ Addition
NAME	EDWARDS, WILBUR	42 NAME		
STREET ADDRESS	1455 32ND AVENUE	43 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL 32960	44 CITY-ST-ZIP		
TITLE	D	51 TITLE	☐ Change	☐ Addition
NAME	KOOLAGE, WILLIAM	52 NAME	bpm 5/10	
STREET ADDRESS	11 VISTA GARDENS TRAIL #101	53 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL 32962	54 CITY-ST-ZIP		
TITLE	SD	61 TITLE SD	☐ Change	☒ Addition
NAME	LAGUE, BETTY	62 NAME	MOLNAR, DORIS	
STREET ADDRESS	906 COQUINA LANE	63 STREET ADDRESS	61 WOODLAND DRIVE	
CITY-ST-ZIP	VERO BEACH FL	64 CITY-ST-ZIP	VERO BEACH, FL 32962	

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: John A. Burnham JOHN A. BURNHAM 4-4-95 407-562-0219
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000007