

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 # 726430 (2)

1. Corporation Name

VERO BEACH CHAPTER # 1406 OF AMERICAN ASSOCIATION 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

3. Date Incorporated or Qualified **05/17/1973** 3a. Date of Last Report **05/01/1995**

21	2. Principal Place of Business	2a. Mailing Address
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.
23	City & State	City & State
24	Zip	Country
25		
26		5601 N.AIA
27		APT. 110-5
28		VERO BEACH, FL
29		32963
30		I.R.

4. FEI Number	Applied For
23-7273284	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

81	Name	WILLIAM G. OLIVER
82	Street Address (P.O. Box Number is Not Acceptable)	5601 N-AIA
83		APT. 110-5
84	City	VERO BEACH
85	Zip Code	FL 32963

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 *W.G. OLIVER, JR.* **W.G. OLIVER, JR., TREAS.** Date **6-1-96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

TITLE	P	<input type="checkbox"/> DELETE
NAME	HERTER, JAY	
STREET ADDRESS	4601 N. A1A, APT 502	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BUCK, LOUIS	
STREET ADDRESS	129 PARK SHORES CIRCLE	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	BURNHAM, JOHN	
STREET ADDRESS	1191 35TH AVENUE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	EDWARDS, WILBUR	
STREET ADDRESS	1455 32ND AVENUE	
CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KOOLAGE, WILLIAM	
STREET ADDRESS	11 VISTA GARDENS TRAIL #101	
CITY-ST-ZIP	VERO BEACH FL 32962	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MOLNAR, DORIS	
STREET ADDRESS	61 WOODLAND DRIVE	
CITY-ST-ZIP	VERO BEACH FL 32962	

1.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	WILLIAM G. OLIVER, JR.	
1.3 STREET ADDRESS	5601 N-A1A, APT. 110-5	
1.4 CITY-ST-ZIP	VERO BEACH, FL. 32963	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	LELAND GIBBS	
2.3 STREET ADDRESS	620 16th AVE	
2.4 CITY-ST-ZIP	VERO BEACH, FL. 32962	
3.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	LOUIS BUCK	
3.3 STREET ADDRESS	129 Park Shores Circle	
3.4 CITY-ST-ZIP	VERO BEACH, FL 32963	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *W.G. OLIVER, JR.* **W.G. OLIVER, JR.** Date **6-1-96** Daytime Phone # **(407) 231-6930**

CR2E037 (12/95)