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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # ~~72640~~ (2) 726480

1. Corporation Name
VERO BEACH CHAPTER #1406 of
AMERICAN ASSOCIATION OF RETIRED PERSONS INC.

Principal Place of Business
P.O. Box 6702
VERO BEACH, FL 32960-6702

Mailing Address
same

3. Date Incorporated or Qualified: 5/17/1973
3a. Date of Last Report: 6/1/96

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WILLIAM G. OLIVER, JR.
5601 N. A-1-A , Apt. 110-S
VERO BEACH, FL 32963

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 300002232283
-07/08/97--01004--031
84 City ***61.25 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 _____ 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.	☐ DELETE	1.1 TITLE	D	☐ Change ☐ Addition
NAME	GIBBS, LELAND		1.2 NAME	TIBBETS PAT	
STREET ADDRESS	620 16th AVENUE		1.3 STREET ADDRESS	1690 11th PL	
CITY-ST-ZIP	VERO BEACH, FL 32960		1.4 CITY-ST-ZIP	VERO BEACH, FL 32960	
TITLE	V	☐ DELETE	2.1 TITLE	D	☐ Change ☐ Addition
NAME	BUCK, LOUIS		2.2 NAME	NUZIE LE E	
STREET ADDRESS	129 PARK SHORES CIRCLE		2.3 STREET ADDRESS	PO BOX 1602 (120 27th AVE.32962)	
CITY-ST-ZIP	VERO BEACH, FL 32963		2.4 CITY-ST-ZIP	VERO BEACH, FL 32960	
TITLE	V	☐ DELETE	3.1 TITLE	D	☐ Change ☐ Addition
NAME	HEDIN KARL		3.2 NAME	SLEAFORD SUSAN	
STREET ADDRESS	3003 CARDINAL DR.		3.3 STREET ADDRESS	400 18th ST.	
CITY-ST-ZIP	VERO BEACH, FL 32963		3.4 CITY-ST-ZIP	VERO BEACH, FL 32960	
TITLE	V	☐ DELETE	4.1 TITLE	D	☐ Change ☐ Addition
NAME	SMITH DAWN		4.2 NAME	GRANSE JAMES	
STREET ADDRESS	2190 BUENA VISTA BLVD.		4.3 STREET ADDRESS	36 PINE ARBOR LN 201	
CITY-ST-ZIP	VERO BEACH FL 32960		4.4 CITY-ST-ZIP	VERO BEACH, FL 32962	
TITLE	S	☐ DELETE	5.1 TITLE	D	☐ Change ☐ Addition
NAME	MOLNAR DORIS		5.2 NAME	LAGUE FLOYD	
STREET ADDRESS	61 WOODLAND DR.		5.3 STREET ADDRESS	908 COQUINA LN	
CITY-ST-ZIP	VERO BEACH, FL 32962		5.4 CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	T	☐ DELETE	6.1 TITLE	D	☐ Change ☐ Addition
NAME	OLIVER WILLIAM		6.2 NAME	TAYLOR HARRY	
STREET ADDRESS	5601 N. A-1-A, 110-S		6.3 STREET ADDRESS	712 DATE PALM RD.	
CITY-ST-ZIP	VERO BEACH, FL 32963		6.4 CITY-ST-ZIP	VERO BEACH, FL 32963	

7-7 JR

CR2E037 (9/96)

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: W. G. Oliver W. G. OLIVER, JR. 5/22/97 (561)231-6430
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #