

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 # 727361 (8)

1. Corporation Name

NORTH PORT CHARLOTTE, FLORIDA CHAPTER #1469 OF A
AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business

4492 BLITZEN TERR
NORTH PORT FL 34287
US

Mailing Address

4492 BLITZEN TERR
NORTH PORT FL 34287
US

8000001772578

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3. Date Incorporated or Qualified
09/05/1973

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 173 Lazy River Road

26 173 Lazy River Road

4. FEI Number
23-7297790

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

23 City & State
Venice, FL

28 City & State
Venice, FL

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24 Zip 34287

Country US

29 Zip 34287

Country 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

MALANOWSKI, JOSEPH A
4492 BLITZEN TERR
NORTH PORT FL 34287

81 Name
Clarence Davis
82 Street Address (P.O. Box Number is Not Acceptable)
173 Lazy River Road
83
84 City
Venice FL 85 Zip Code
34287

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

Clarence Davis

(NOTE: Registered Agent's signature required when reinstating)

March 14, 1996

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME MALANOWSKI, JOE
STREET ADDRESS 4492 BLITZEN TERR
CITY-ST-ZIP NORTH PORT FL ☒ DELETE

1.1 TITLE President
1.2 NAME Clarence Davis
1.3 STREET ADDRESS 173 Lazy River Road
1.4 CITY-ST-ZIP Venice, FL 34287 ☒ Change ☐ Addition

TITLE VP
NAME HUGHES, ALTHEA
STREET ADDRESS 4361 MONGITE RD.
CITY-ST-ZIP NORTH PORT FL 34287 ☐ DELETE

2.1 TITLE 1st VP
2.2 NAME Althea Hughes
2.3 STREET ADDRESS 4361 Mongite Road
2.4 CITY-ST-ZIP North Port, FL 34287 ☐ Change ☐ Addition

TITLE VP
NAME EDWARDS, ESTHER
STREET ADDRESS 71 SHADE STREET
CITY-ST-ZIP PORT CHARLOTTE FL ☒ DELETE

3.1 TITLE 2nd VP
3.2 NAME Olympia Guenin
3.3 STREET ADDRESS 4361 Mongite Road-NorthPort, FL.34287 ☒ Change ☐ Addition

TITLE D
NAME ROBERTS, BERNETTA
STREET ADDRESS 6093 MYRTLEWOOD RD.
CITY-ST-ZIP NORTH PORT FL 34287 ☒ DELETE

4.1 TITLE Treasurer
4.2 NAME Ralph Scheel
4.3 STREET ADDRESS 7855 W. Price Blvd.
4.4 CITY-ST-ZIP North Port, FL. 34287 ☒ Change ☐ Addition

TITLE D
NAME THOMPSON, ANNIE
STREET ADDRESS 43322 CHICOPA
CITY-ST-ZIP NORTH PORT FL 34287 ☒ DELETE

5.1 TITLE Acting Secretary
5.2 NAME Rita Bufnagel
5.3 STREET ADDRESS 5959 Talbrook Road
5.4 CITY-ST-ZIP NorthPort, FL.34287 ☒ Change ☐ Addition

TITLE D
NAME ROBINSON, MAE
STREET ADDRESS 6654 ACAIA CT.
CITY-ST-ZIP NORTH PROT FL 34287 ☒ DELETE

6.1 TITLE Director
6.2 NAME Joseph Malanowski
6.3 STREET ADDRESS 4492 Blitzen Ter.
6.4 CITY-ST-ZIP North Port, FL 34287 ☒ Change ☐ Addition

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

Clarence Davis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 14, 1996 (941) 426-7738

Date

Daytime Phone #

CR2E037 (12/95)

Dr 4-8-96