


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO RESTATE: \$236.25).

FILED
Jul 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morone Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 727361 (8)

1. Corporation Name

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

Principal Place of Business

Mailing Address

173 LAZY RIVER ROAD
VENICE FL 34287
US

173 LAZY RIVER ROAD
VENICE FL 34287
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/05/1973

3a. Date of Last Report
04/08/1996

4. FEI Number
23-7297790

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business
21 173 LAZY RIVER Rd.
Suite, Apt. #, etc.

2a. Mailing Address
26 173 LAZY RIVER Rd.
Suite, Apt. #, etc.

22 City & State
N. PORT FL

27 City & State
N. PORT N. PORT

23 Zip Country
34287 US

28 Zip Country
34287 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVIS, CLARENCE
173 LAZY RIVER ROAD
VENICE FL 34287

81 Name CLARENCE E DAVIS
82 Street Address (P.O. Box Number is Not Acceptable)
173 LAZY RIVER RD
83
84 City N. PORT 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 E. Davis

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7-17-97

DATE

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	DAVIS, CLARENCE
STREET ADDRESS	173 LAZY RIVER ROAD
CITY-ST-ZIP	VENICE FL 34287
TITLE	1VP
NAME	HUGHES, ALTHEA
STREET ADDRESS	4361 MONGITE RD.
CITY-ST-ZIP	NORTH PORT FL 34287
TITLE	2VP
NAME	QUENIN, OLYMPIA
STREET ADDRESS	4361 MONGITE ROAD
CITY-ST-ZIP	NORTH PORT FL 34287
TITLE	TD
NAME	SCHEEL, RALPH
STREET ADDRESS	7855 W. PRICE BLVD.
CITY-ST-ZIP	NORTH PORT FL 34287
TITLE	ASD
NAME	HUFNAGEL, RITA
STREET ADDRESS	5959 TALBROOK ROAD
CITY-ST-ZIP	NORTH PORT FL 34287
TITLE	D
NAME	MALANOWSKI, JOSEPH
STREET ADDRESS	4492 BLITZEN TER.
CITY-ST-ZIP	NORTH PORT FL 34287

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	300002251953
2.4 CITY-ST-ZIP	-07/30/97--01014--006
3.1 TITLE	***61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	LINCOLN VAP. POW
4.3 STREET ADDRESS	6865 ETRACT 426 7/18
4.4 CITY-ST-ZIP	NORTH PORT, FL 34287
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
6.2 NAME	PC 7.24
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 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. 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 signature appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE REQUIRED Clarence E. Davis 7-17-97 (4)

CR2E037 (4/97)