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 MAR 15 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 727547 (2)

1. Corporation Name

SATELLITE BEACH CHAPTER #1413 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business	Mailing Address
995 NO A1A #408 INDIALANTIC FL 32903 US	995 N A1A #408 INDIALANTIC FL 32903 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/25/1973
3a. Date of Last Report: 04/28/1994
4. FEI Number: 23-7307662 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 333 S. Patrick Dr #9	26 333 S. Patrick Dr #9
Suite, Apt. #, etc. 22 Apt #9	Suite, Apt. #, etc. 27 Apt #9
City & State 23 Satellite Bch, Fl.	City & State 28 Satellite Bch, Fl.
Zip / Country 24 32937 / 25 US	Zip / Country 29 32937 / 30 US

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

9. Name and Address of Current Registered Agent

BUTLER JOHN B
438 ST LUCIA CT
BLDG 17-102
SATELLITE BCH FL 32937

10. Name and Address of New Registered Agent

81 Name: BRODERICK ENRI
82 Street Address (P.O. Box Number is Not Acceptable): 305 Eutau Court
83: Indian Harbour Bch, Fl. 32937
84 City: Indian Harbour Bch, Fl. FL 85 Zip Code: 32937

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: Enri Broderick, President — 3 MARCH 1995
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	P D ☒ Change ☐ Addition
NAME	MOYER, PATRICIA	1.2 NAME	BRODERICK, ENRI
STREET ADDRESS	150 SURREY LANE	1.3 STREET ADDRESS	305 Eutau Court
CITY-ST-ZIP	SATELLITE BEACH FL	1.4 CITY-ST-ZIP	Indian Harbour Bch, Fl. 32937
TITLE	PD	2.1 TITLE	V D ☒ Change ☐ Addition
NAME	BUTLER, JOHN	2.2 NAME	MOYER, ARTHUR
STREET ADDRESS	438 ST LUCIA CT	2.3 STREET ADDRESS	150 Surry Lane
CITY-ST-ZIP	SATELLITE BCH FL	2.4 CITY-ST-ZIP	Satellite Bch, Fl. 32937
TITLE	SD	3.1 TITLE	T D ☒ Change ☐ Addition
NAME	BUTZ, RUTH	3.2 NAME	HENDLEY, INA
STREET ADDRESS	1145 SHANNON AVENUE	3.3 STREET ADDRESS	333 S. Patrick Dr. #9
CITY-ST-ZIP	INDIALANTIC FL	3.4 CITY-ST-ZIP	Satellite Bch, Fl. 32937
TITLE	VD	4.1 TITLE	S D ☒ Change ☐ Addition
NAME	LEWAND, STANLEY	4.2 NAME	BUTZ, RUTH
STREET ADDRESS	473 TURTLE CIRCLE	4.3 STREET ADDRESS	1145 Shannon Avenue
CITY-ST-ZIP	SATELLITE BEACH FL	4.4 CITY-ST-ZIP	Indialantic, Fl. 3
TITLE	TD	5.1 TITLE	☒ Change ☐ Addition
NAME	BIRD, HELEN	5.2 NAME	VD
STREET ADDRESS	995 N A1A #408	5.3 STREET ADDRESS	HALE, HELEN
CITY-ST-ZIP	INDIALANTIC FL	5.4 CITY-ST-ZIP	500 Palm Springs Blvd Indian Harbour Bch, Fl. 32937
TITLE		6.1 TITLE	VD ☒ Change ☐ Addition
NAME		6.2 NAME	WENNER, MARION
STREET ADDRESS		6.3 STREET ADDRESS	160 Maple Dr.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Satellite Bch, Fl. 32937

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: Ina Hendley Treasurer
SIGNATURE AND TITLE OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

0038302