SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25.)

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # 727547 (2)

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

Principal Place of Business	Mailing Address
333 S. Patrick Drive #9 Satellite Beach, Fl. 32937	SAME

3. Date Incorporated or Qualified: 9/25/1973
3a. Date of Last Report: 3/3/95

2. Principal Place of Business	2a. Mailing Address
21 1145 Shannon Ave.	26 1145 Shannon Ave.
22 Suite/Apt. #, etc. #36	27 Suite/Apt. #, etc. #36
23 City & State: Indialantic, Fl.	28 City & State: Indialantic, Fl.
24 Zip: 32903 25 Country: U.S..	29 Zip: 32903 30 Country: U.S.

4. FEI Number: 23-7307662 ☐ 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 XX

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Enri Broderick 305 Eutau Court Indian Harbor Beach, Fl. 32937	81 Name: Ruth Butz 82 Street Address (P.O. Box Number is Not Acceptable): 1145 Shannon Ave. #36 83 84 City: Indialantic FL 85 Zip Code: 32903

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: Ruth L. Butz RUTH L. BUTZ PRESIDENT 7/9/95
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D Enri Broderick 305 Eutau Court Indian Harbor Beach Fl.32937	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P/D Ruth Butz 1145 Shannon Ave. #36 Indialantic, Fl. 32903	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/D Moyer, Arthur 150 Surry Lane Satellite Beach, Fl. 32937	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VP/D Helen Hale 500 Palm Springs Blvd. Indian Harbor Beach, Fl.32937	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D Ruth Butz 1145 Shannon Ave. #36 Indialantic, Fl. 32903	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	S/D Arthur Moyer 150 Surry Lane Satellite Beach, Fl. 32937	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D Ina Henley 333 S. Patrick Drive #9 Satellite Beach, Fl. 32937	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	T/D Cleta Faw 1601 Sunnybrook Lane NE D-102 Palm Bay, Fl. 32905	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Marion Wenner 160 Maple Drive Satellite Beach, Fl. 32937	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	VP/D Marguerite Gale 108 S.E. First St. Satellite Beach, Fl. 32937	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	100001894141 -07/16/96--01042--002 ***~~25.00~~ 61.25	☐ Change ☐ Addition 7/15

CR2E037 (3/96)

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: Ruth L Butz RUTH L. BUTZ 7/9/95 407-723-2485
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #