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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 # **727547** **(2)**

1. Corporation Name

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

(attached)

Principal Place of Business	Mailing Address
Satellite Beach Civic Cntr. 520 Cinnamon Drive Satellite Beach, Fl. 32937	1145 SHANNON AVE. #36 INDIALANTIC FL 32903-3038 US

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

3. Date Incorporated or Qualified: 09/25/1973
3a. Date of Last Report: 07/15/1996
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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BUTZ, RUTH 1145 SHANNON AVE. #36 INDIALANTIC FL 32903	61 Name Leo Gillette 62 Street Address (P.O. Box Number is Not Acceptable) 19 Pepper Drive 63 64 City Melbourne FL 65 Zip Code 32934

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 LEO V. GILLETTE Leo V. Gillette JAN 21, 1997
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	P/D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BUTZ, RUTH		1.2 NAME		
STREET ADDRESS	1145 SHANNON AVE., #36		1.3 STREET ADDRESS		
CITY-ST-ZIP	INDIALANTIC FL 32903		1.4 CITY-ST-ZIP		
TITLE	VP/D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HALE, HELEN		2.2 NAME		
STREET ADDRESS	500 PALM SPRINGS BLVD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	INDIAN HARBOR BEACH FL 32937		2.4 CITY-ST-ZIP		
TITLE	S/D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MOYER, ARTHUR		3.2 NAME		
STREET ADDRESS	150 SURRY LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	SATELLITE BEACH FL 32937		3.4 CITY-ST-ZIP		
TITLE	T/D	☒ DELETE	4.1 TITLE	T/D	☒ Change ☐ Addition
NAME	FAW, CLETA		4.2 NAME	Leo Gillette	
STREET ADDRESS	1601 SUNNYBROOK LANE NE D-102		4.3 STREET ADDRESS	16 Pepper Drive	
CITY-ST-ZIP	PALM BAY FL 32905		4.4 CITY-ST-ZIP	Melbourne, Fl..32934	
TITLE	VP/D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GALE, MARGUERITE		5.2 NAME		
STREET ADDRESS	108 SE FIRST STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	SATELLITE BEACH FL 32937		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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: RUTH H BUTZ Ruth H. Butz 1/16/97 407-723-2485
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0018603