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CORPORATION ANNUAL REPORT **1995**

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

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DIVISION OF CORPORATIONS
95 JAN 24 PM 3:02

DOCUMENT # **727567** (0)

1. Corporation Name

WAUCHULA, FLORIDA CHAPTER #1427 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business	Mailing Address
SENIOR CENTER NORTH 6TH AVENUE WAUCHULA FL 33873 US	804 WEST PALMETTO ST. WAUCHULA FL 33873 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/27/1973
3a. Date of Last Report: 02/16/1994
4. FEI Number: NOT APPLICABLE ☐ 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
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

2. Principal Place of Business	2a. Mailing Address
21 Same	26 Same
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country: Hardee	29 Zip / 30 Country: Hardee

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
COKER, CATHERYN (MRS. 804 WEST PALMETTO STREET WAUCHULA FL 33873	81 Name: (same) 82 Street Address (P.O. Box Number is Not Acceptable): 83: 84 City: FL / 85 Zip Code:

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: Mrs. Catheryn Coker — 1-18-95
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	VD	1.1 TITLE		☐ Change ☐ Addition
NAME	COKER, CATHERYN	1.2 NAME		
STREET ADDRESS	804 WEST PALMETTO STREET	1.3 STREET ADDRESS		
CITY-ST-ZIP	WAUCHULA FL	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	BRYAN, HELEN (MRS.)	2.2 NAME	Eklund, Mrs. Dolly	
STREET ADDRESS	1113 MOCKINGBIRD ROAD	2.3 STREET ADDRESS	709 West Palmetto Street	
CITY-ST-ZIP	ZOLFO SPRINGS FL	2.4 CITY-ST-ZIP	Wauchula, Florida 33873	
TITLE	SD	3.1 TITLE		☐ Change ☐ Addition
NAME	RYAN, DORINDA	3.2 NAME		
STREET ADDRESS	RIVER VALLEY TRAILER PARK, #30	3.3 STREET ADDRESS		
CITY-ST-ZIP	WAUCHULA FL	3.4 CITY-ST-ZIP		
TITLE	TD	4.1 TITLE		☐ Change ☐ Addition
NAME	HARRISON, NELL	4.2 NAME		
STREET ADDRESS	512 N. SEVENTH AVE.	4.3 STREET ADDRESS		
CITY-ST-ZIP	WAUCHULA FL	4.4 CITY-ST-ZIP		
TITLE	P	5.1 TITLE		☐ Change ☐ Addition
NAME	GRAHAM, HENRY	5.2 NAME		
STREET ADDRESS	210 S 2ND AVE	5.3 STREET ADDRESS		
CITY-ST-ZIP	WAUCHULA FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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: Nell Harrison, Treasurer — Nell Harrison — 1-18-95 — 813 7739845
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0068451