

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 727567 (0)

1. Corporation Name
**WAUCHULA, FLORIDA CHAPTER #1427 OF AMERICAN ASSO
CIATION OF RETIRED PERSONS, INC.**

Principal Place of Business SENIOR CENTER NORTH 8TH AVENUE WAUCHULA FL 33873 US	Mailing Address 804 WEST PALMETTO ST. WAUCHULA FL 33873-2550 US
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number NOT APPLICABLE	3a. Date of Last Report 05/10/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CLARK, JACK 1302 STENSTROM ROAD WAUCHULA FL 33873	10. Name and Address of New Registered Agent 61 Name 62 Street Address (P.O. Box Number is Not Acceptable) 63 64 City FL 65 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CLARK, JACK		1.2 NAME	
STREET ADDRESS 1302 STENSTRAM ROAD		1.3 STREET ADDRESS	
CITY-ST-ZIP WAUCHULA FL 33873		1.4 CITY-ST-ZIP	
TITLE VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WEBSTER, LOUISIE		2.2 NAME	VD BRINSON, CLIFF
STREET ADDRESS 603 E MAIN ST		2.3 STREET ADDRESS	ALTA CLAUS ROAD
CITY-ST-ZIP WAUCHULA FL 33873		2.4 CITY-ST-ZIP	WAUCHULA, FL 33873
TITLE SD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WILLIAMS, FRANCES		3.2 NAME	SD BRYAN, HELEN
STREET ADDRESS 818 N FLORIDA AVE		3.3 STREET ADDRESS	1113 Mocking Bird Lane
CITY-ST-ZIP WAUCHULA FL 33873		3.4 CITY-ST-ZIP	Zolfo Springs, FL 33890
TITLE TD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PRINCE, LILIAN		4.2 NAME	TD PRINCE, LEILA
STREET ADDRESS 1065 KNOLWOOD CIRCLE		4.3 STREET ADDRESS	1065 KNOLLWOOD CIRCLE
CITY-ST-ZIP WAUCHULA FL 33873		4.4 CITY-ST-ZIP	WAUCHULA, FL 33873
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Jack Clark* **JACK CLARK** (941) 767-1235
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0054491

CR2E037 (9/96)