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 MAY -1 PM 12:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **728508** **(3)**

1. Corporation Name

HAINES CITY CHAPTER #1573 OF AMERICAN ASSOCIATIO N OF RETIRED PERSONS, INC.

Principal Place of Business	Mailing Address
COMMUNITY CENTER LEDWITH AVENUE HAINES CITY FL 33844	305 WINDWARD WAY DAVENPORT FL 33637 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/31/1973
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2358649 ☐ 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 LAKE EVA CIVIC CENTER	26
Suite, Apt. #, etc. 22 305 LEDWITH	Suite, Apt. #, etc. 27
City & State 23 HAINES CITY, FL	City & State 28
Zip 24 33844 Country 25 USA	Zip 29 Country 30

9. Name and Address of Current Registered Agent

BRUNER, ELSIE
305 WINDWARD WAY
DAVENPORT FL 33837

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03 800001433688 -05/11/95--01016--001
04 City ***9038.75 FL ***138.00

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	P ☒ Change ☐ Addition
NAME	FULLENWIDER, BERNICE	12 NAME	BARBARA JOSLIN
STREET ADDRESS	627 AVENUE H NW	13 STREET ADDRESS	7120 LEISURE ROAD
CITY-ST-ZIP	WINTER HAVEN FL 33881	14 CITY-ST-ZIP	HAINES CITY, FL 33844-8971
TITLE	V	21 TITLE	V ☒ Change ☐ Addition
NAME	OVERSTREET, RUTH	22 NAME	GEORGE THOMPSON
STREET ADDRESS	P.O. BOX 876 N/A	23 STREET ADDRESS	#33 LAKE HENRY DRIVE
CITY-ST-ZIP	DUNDEE FL 33838	24 CITY-ST-ZIP	WINTER HAVEN, FL 33881
TITLE	S	31 TITLE	S ☒ Change ☐ Addition
NAME	MCTEER, ANNABELLE	32 NAME	GLADYS KIRKLAND
STREET ADDRESS	4011 ROBINSON DRIVE	33 STREET ADDRESS	#49 LAKE HENRY CIRCLE
CITY-ST-ZIP	HAINES CITY FL 33844	34 CITY-ST-ZIP	WINTER HAVEN, FL 33881
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	SUTTON, THELMA	42 NAME	
STREET ADDRESS	207 NELSON STREET	43 STREET ADDRESS	
CITY-ST-ZIP	HAINES CITY FL 33844	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	D ☒ Change ☐ Addition
NAME	BRUNER, O.D.	52 NAME	STANLEY BUDZYNA
STREET ADDRESS	305 WINDWARD WAY	53 STREET ADDRESS	91 REINEKE ROAD
CITY-ST-ZIP	DAVENPORT FL 33837	54 CITY-ST-ZIP	HAINES CITY, FL 33844
TITLE	D	61 TITLE	D ☒ Change ☐ Addition
NAME	MEDZALKOWSKI, JOSEPH	62 NAME	PEARL PHILLIPS
STREET ADDRESS	143 PALM PLACE	63 STREET ADDRESS	1300 POLK CITY ROAD #69
CITY-ST-ZIP	HAINES CITY FL 33844	64 CITY-ST-ZIP	HAINES CITY FL 33844

AP 5/10

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: Barbara Joslin (BARBARA JOSLIN) 3/21/95 813-439-6321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0067736