

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 728508

1. Corporation Name
**AMERICAN ASSOCIATION OF RETIRED PERSONS
CHAPTER #1573--Haines City, Fla.**

Principal Place of Business Mailing Address
**433 Lake Henry Drive
Winter Haven, Fla.
33881-9563**

3. Date Incorporated or Qualified 3a. Date of Last Report
4/30/95

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 **433 Lake Henry Dr.**

4. FEI Number ☒ Applied For
☒ Not Applicable

22 City & State 27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 City & State 28 City & State
Winter Haven, Fla.

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 Zip 25 Country 29 Zip 30 Country
33881 Polk

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

81 Name **George M. Thompson**
82 Street Address (P.O. Box Number is Not Acceptable)
433 Lake Henry Dr.
83
84 City **Winter Haven, FL** 85 **33881**

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, 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 *George M. Thompson* P/D DATE **4/30/96**

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	P/D George M. Thompson
1.3 STREET ADDRESS	433 Lake Henry Dr.
1.4 CITY - ST - ZIP	Winter Haven, FL 33881-9563
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	V/D Pearl Phillips
2.3 STREET ADDRESS	1012 Laurel Hills Ct.
2.4 CITY - ST - ZIP	Haines City, FL 33844
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	S/D Gladys Kirkland
3.3 STREET ADDRESS	469 Lake Henry Circle
3.4 CITY - ST - ZIP	Winter Haven, FL 33881
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	T/D Harriet Fouts
4.3 STREET ADDRESS	6374 Lolly Bay Loop
4.4 CITY - ST - ZIP	Winter Haven, FL 33881
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	500001856405
5.3 STREET ADDRESS	-06/10/96--01009--006
5.4 CITY - ST - ZIP	***61.25
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D Elsie Brunner
6.3 STREET ADDRESS	305 Windward Way
6.4 CITY - ST - ZIP	Davenport, Fla. 33837

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: *George M. Thompson* 4/30/96 941-299-2043
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)