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FILED

Mar 26 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 728508 (3)

1. Corporation Name

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

Principal Place of Business

Mailing Address

433 LAKE HENRY DRIVE
WINTER HAVEN FL 33881-9563433 LAKE HENRY DRIVE
WINTER HAVEN FL 33881-95633. Date Incorporated or Qualified
12/31/19733a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. 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

THOMPSON, GEORGE M.
433 LAKE HENRY DR.
WINTER HAVEN FL 33881

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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 T/D ☐ DELETE
NAME FOUTS, HARRIET
STREET ADDRESS 6374 LOLLY BAY LOOP
CITY-ST-ZIP ~~WINTER HAVEN~~ FL 33881 WINTER HAVEN1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE P/D ☐ DELETE
NAME THOMPSON, GEORGE
STREET ADDRESS 433 LAKE HENRY DRIVE
CITY-ST-ZIP WINTER HAVEN FL 338812.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE S/D ☒ DELETE
NAME KIRKLAND, GLADYS
STREET ADDRESS 469 LAKE HENRY CIRCLE
CITY-ST-ZIP WINTER HAVEN FL 338813.1 TITLE JEAN STEIN S/D ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 434 LAKE HENRY DR.
3.4 CITY-ST-ZIP WINTER HAVEN FL. 33881TITLE D ☒ DELETE
NAME BRUNNER, ELSIE
STREET ADDRESS 305 WINDWARD WAY
CITY-ST-ZIP HAINES CITY FL 338374.1 TITLE D ☒ Change ☐ Addition
4.2 NAME Thelma Sutton
4.3 STREET ADDRESS 207 North Nelson St,
4.4 CITY-ST-ZIP Haines City FL 33844TITLE D ☒ DELETE
NAME BUDZYNA, STANLEY
STREET ADDRESS 91 REINEKE ROAD
CITY-ST-ZIP HAINES CITY FL 338445.1 TITLE D ☒ Change ☐ Addition
5.2 NAME Myron Rullmann
5.3 STREET ADDRESS 2611 Dale Ann Dr.
5.4 CITY-ST-ZIP Haines City FL. 33844TITLE V/D ☒ DELETE
NAME PHILLIPS, PEARL
STREET ADDRESS 1300 POLK CITY ROAD #62
CITY-ST-ZIP HAINES CITY FL 338446.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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.

Harriet Fouts

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-98 941-2942984

Date

Daytime Phone # 0064715

CR2E037 (9/96)