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 2:43
TALLAHASSEE, FLORIDA

DOCUMENT # **728773** **(3)**

1. Corporation Name

INTERLACHEN CHAPTER #1663 OF AMERICAN ASSOCIATIO N OF RETIRED PERSONS, INC.

Principal Place of Business	Mailing Address
% BARBARA L. TULL R.R. 2, BOX 155M INTERLACHEN FL 32148	% BARBARA L. TULL R.R. 2, BOX 155M INTERLACHEN FL 32148

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/06/1974
3a. Date of Last Report: 05/01/1994
4. FEI Number: 75-1013017 ☐ 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	26
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
TULL, BARBARA L R.R. 2, BOX 155M INTERLACHEN FL 32148	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 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 4/22/95
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	T	11 TITLE	☐ Change ☐ Addition
NAME	TULL, BARBARA	12 NAME	
STREET ADDRESS	R.R. 2, BOX 155M	13 STREET ADDRESS	
CITY-ST-ZIP	INTERLACHEN FL 32148	14 CITY-ST-ZIP	
TITLE	P	21 TITLE	P ☒ Change ☐ Addition
NAME	ROY, HOWARD	22 NAME	BENSON, ROBERT.
STREET ADDRESS	P.O. BOX 794 N/A	23 STREET ADDRESS	PO. BOX 186 N/A
CITY-ST-ZIP	INTERLACHEN FL 32148	24 CITY-ST-ZIP	INTERLACHEN, FL. 32148
TITLE	S	31 TITLE	S. ☒ Change ☐ Addition
NAME	FRIEB, DOLORES	32 NAME	HINDALL, RUTH
STREET ADDRESS	P.O. BOX 1390 N/A	33 STREET ADDRESS	R.R. 3. BOX 233
CITY-ST-ZIP	INTERLACHEN FL 32148	34 CITY-ST-ZIP	INTERLACHEN, FL. 32148
TITLE	D	41 TITLE	D ☒ Change ☐ Addition
NAME	CUSTEAD, PAUL	42 NAME	BENJAMIN, CLINTON
STREET ADDRESS	RR 3 BOX 160	43 STREET ADDRESS	PO. BOX 104 N/A
CITY-ST-ZIP	INTERLACHEN FL 32148	44 CITY-ST-ZIP	INTERLACHEN, FL. 32148
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	NOYES, KAY	52 NAME	700001485327
STREET ADDRESS	P.O. BOX 144 N/A	53 STREET ADDRESS	-05/12/95--01022--024
CITY-ST-ZIP	INTERLACHEN FL 32148	54 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	STAKE, MARGARET	62 NAME	
STREET ADDRESS	RR 2, BOX 347	63 STREET ADDRESS	
CITY-ST-ZIP	INTERLACHEN FL 32148	64 CITY-ST-ZIP	SCC 5-1-95

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: Margaret P. Stake MARGARET P. STAKE 4/22/95 904-684-2324
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

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