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

100001817881
-05/13/96--01020--019
***61.25

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

3. Date Incorporated or Qualified: 02/08/1974
3a. Date of Last Report: 05/01/1995
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 % MERLE L. DEROSIA
Suite, Apt. #, etc.
22 P.O. Box 1011
City & State
23 INTERLACHEN FL
Zip 24 32148 Country 25

2a. Mailing Address
26 % MERLE L DEROSIA
Suite, Apt. #, etc.
27 P.O. Box 1011
City & State
28 INTERLACHEN
Zip 29 FL Country 30

9. **Name and Address of Current Registered Agent**

TULL, BARBARA L
R.R. 2, BOX 155M
INTERLACHEN FL 32148

10. **Name and Address of New Registered Agent**

81 Name: MERLE L. DEROSIA
82 Street Address (P.O. Box Number is Not Acceptable): ~~P.O. Box 1011~~ 921 MARION AVE
83
84 City: INTERLACHEN FL 85 Zip Code: 32148

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: Merle L. Derosia Treasurer 4/18/96
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	☑ DELETE	1.1 TITLE: TREASURER ☑ Change ☐ Addition
NAME	TULL, BARBARA		1.2 NAME: MERLE L. DEROSIA
STREET ADDRESS	R.R. 2, BOX 155M		1.3 STREET ADDRESS: ~~P.O. Box 1011~~ 921 MARION AVE
CITY-ST-ZIP	INTERLACHEN FL 32148		1.4 CITY-ST-ZIP: INTERLACHEN, FL. 32148
TITLE	P	☐ DELETE	2.1 TITLE: PRESIDENT ☐ Change ☐ Addition
NAME	BENSON, ROBERT		2.2 NAME: ROBERT BENSON
STREET ADDRESS	P.O. BOX 186 N/A		2.3 STREET ADDRESS: ~~P.O. Box 186~~ 116 SHORESIDE LN
CITY-ST-ZIP	INTERLACHEN FL 32148		2.4 CITY-ST-ZIP: INTERLACHEN FL
TITLE	S	☑ DELETE	3.1 TITLE: SECRETARY ☑ Change ☐ Addition
NAME	HINDALL, RUTH		3.2 NAME: KAY NOYSE
STREET ADDRESS	RURAL ROUTE 3 BOX 233		3.3 STREET ADDRESS: ~~P.O. Box 144~~ 110 BOLL GREEN DR
CITY-ST-ZIP	INTERLACHEN FL 32148		3.4 CITY-ST-ZIP: INTERLACHEN FL. 32148
TITLE	D	☐ DELETE	4.1 TITLE: DIRECTOR ☐ Change ☐ Addition
NAME	CLINTON, BENJAMIN		4.2 NAME: CLINTON BENJAMIN
STREET ADDRESS	P.O. BOX 104 N/A		4.3 STREET ADDRESS: ~~P.O. Box 104~~ 305 TROPIC LAGOON LN
CITY-ST-ZIP	INTERLACHEN FL 32148		4.4 CITY-ST-ZIP: INTERLACHEN FL
TITLE	D	☑ DELETE	5.1 TITLE: DIRECTOR ☑ Change ☐ Addition
NAME	NOYES, KAY		5.2 NAME: BILL NOYSE
STREET ADDRESS	P.O. BOX 144 N/A		5.3 STREET ADDRESS: ~~P.O. Box 144~~ – 110 BOLL GREEN DR
CITY-ST-ZIP	INTERLACHEN FL 32148		5.4 CITY-ST-ZIP: INTERLACHEN FL 32148
TITLE	D	☐ DELETE	6.1 TITLE: DIRECTOR ☐ Change ☐ Addition
NAME	STAKE, MARGARET		6.2 NAME: MARGARET STAKE
STREET ADDRESS	RR 2, BOX 347		6.3 STREET ADDRESS: RR 2 Box 347
CITY-ST-ZIP	INTERLACHEN FL 32148		6.4 CITY-ST-ZIP: INTERLACHEN FL 32148

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: Robert Benson Robert Benson 8 Apr 96 904-684-2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)