

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 27 PM 4:15

DOCUMENT # 728945 (7)

1. Corporation Name

SOUTH PUTNAM COUNTY CHAPTER #1664 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business

Mailing Address

BOX 222
LAKE COMO FL 32157
US

BOX 222
LAKE COMO FL 32157
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/27/1974** 3a. Date of Last Report **02/16/1994**

4. FEI Number **59-2943759** 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 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRACH, GEORGE
BOX 222
LAKE COMO FL 32157**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P**
NAME **SUITS, BARNARD**
STREET ADDRESS **P. O. BOX 1415-U, RT. NO. 2 N/A**
CITY-ST-ZIP **CRESCENT CITY FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **D**
NAME **VOLVE, NICK**
STREET ADDRESS **P. O. BOX 634 N/A**
CITY-ST-ZIP **POMONA PARK FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D**
NAME **SUITS, BONNIE**
STREET ADDRESS **P. O. BOX 1415 U, RT. 2 N/A**
CITY-ST-ZIP **CRESCENT CITY FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D**
NAME **JUDD, HELEN**
STREET ADDRESS **RT. 1, BOX 382**
CITY-ST-ZIP **CRESCENT CITY FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME **D. David Garland**
4.3 STREET ADDRESS **CRESCENT CITY FLA. 32112**
4.4 CITY-ST-ZIP **(611 Old HWY.17)**

TITLE **SD**
NAME **YETTEWICH, GLADYS**
STREET ADDRESS **104 FOSTER LN**
CITY-ST-ZIP **CRESCENT CITY FL 32112**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **T**
NAME **BRACH, GEORGE**
STREET ADDRESS **P. O. BOX 222 N/A**
CITY-ST-ZIP **LAKE COMO FL**

6.1 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 Brach
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23 1995

Date Daytime Phone #