

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

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

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LAKE COMO FL 32157  
US



700001834577  
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3. Date Incorporated or Qualified **02/27/1974** 3a. Date of Last Report **01/27/1995**

2. Principal Place of Business

2a. Mailing Address

21 **Box 634**  
Suite, Apt. #, etc.

26 **Box 634**  
Suite, Apt. #, etc.

22 **Pomona Park, FL 32181**  
City & State

27 **Pomona Park, FL 32181**  
City & State

23 **US**  
Zip Country

28 **US**  
Zip Country

24 **US**  
Zip Country

29 **US**  
Zip Country

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**

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

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

81 Name **Edythe Volpe**  
82 Street Address (P.O. Box Number is Not Acceptable) **530 West Main Street**  
83 **Pomona Park Florida 32181**  
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

*Edythe Volpe*

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

(NOTE: Registered Agent signature required when reinstating)

*May 4, 1996*

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE **P** ☒ Change ☐ Addition  
1.2 NAME **Garland, David**  
1.3 STREET ADDRESS **R.R. 2 Box 71 N/A**  
1.4 CITY-ST-ZIP **Crescent City, FL 32112-9606**

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

2.1 TITLE **D** ☒ Change ☐ Addition  
2.2 NAME **Camelli, Marge**  
2.3 STREET ADDRESS **Star Route 695A Georgetown, FL 32139**  
2.4 CITY-ST-ZIP **N/A**

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

3.1 TITLE **D** ☒ Change ☐ Addition  
3.2 NAME **Skaggs, William**  
3.3 STREET ADDRESS **Rt. 2 Box 20B N/A**  
3.4 CITY-ST-ZIP **Crescent City, FL 32112**

TITLE **D** ☐ DELETE  
NAME **GARLAND, DAVID**  
STREET ADDRESS **RT. 2, BOX 71 (611 OLD HIGHWAY 17)**  
CITY-ST-ZIP **CRESCENT CITY FL**

4.1 TITLE **D** ☒ Change ☐ Addition  
4.2 NAME **Goetz, Ralph**  
4.3 STREET ADDRESS **RR 2 Box 20c**  
4.4 CITY-ST-ZIP **Crescent City, FL 32112-9602**

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

5.1 TITLE **SD** ☒ Change ☐ Addition  
5.2 NAME **Yettewich, Gladys**  
5.3 STREET ADDRESS **RR 2 Box 1215**  
5.4 CITY-ST-ZIP **Crescent City, FL 32112-9655**

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

6.1 TITLE **T** ☒ Change ☐ Addition  
6.2 NAME **Volpe, Edythe**  
6.3 STREET ADDRESS **P.O. Box 634 N/A**  
6.4 CITY-ST-ZIP **Pomona Park, FL 32181**

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)(4), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Edythe Volpe* *April 20, 1996*

Date

Daytime Phone #

CR2E037 (12/95)