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NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **728945** **(7)**

1. Corporation Name

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

Principal Place of Business	Mailing Address
BOX 634 POMONA PARK FL 32181 US	BOX 634 POMONA PARK FL 32181-0634 US

3. Date Incorporated or Qualified: **02/27/1974**
3a. Date of Last Report: **05/21/1996**

2. Principal Place of Business
21: LAKE COMO

Suite, Apt. #, etc.
22:

City & State
23:

Zip / Country
24: / 25:

2a. Mailing Address
26: Box 222

Suite, Apt. #, etc.
27: Uclid Ave

City & State
28: Lake COMO

Zip / Country
29: 32157 / 30: Putman

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

VOLPE, EDYTHE
530 WEST MAIN STREET
POMONA PARK FL 32181

10. Name and Address of New Registered Agent

81 Name: George Brach
82 Street Address (P.O. Box Number is Not Acceptable): Uclid Ave
83: Lake Como Fla.
84 City: Lake Como **FL** 85 Zip Code: 32157

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: George Brach Treas. DATE: 2-7-1997
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P GARLAND, DAVID R.R. 2 BOX 71 CRESCENT CITY FL 32112-9606	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CAMELLI, MARGE STAR ROUTE 695A GEORGETOWN FL 32139	☐ DELETE	2.1 TITLE V.P. / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP CAMELLI , MARGE N/A STAR ROUTE 695 A GEORGETOWN , FLA 32139	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOETZ, RALPH RR 2 BOX 20C CRESCENT CITY FL 32212-9606	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP D. Niman Hundley Rt. 1 Box 880 Pomona Park Fla. 32181	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SKAGGS, WILLIAM RT. 2 BOX 20B CRESCENT CITY FL 32212	☐ DELETE	4.1 TITLE D / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP SKAGGS WILLIAM N/A RT.2 BOX 20B CRESCENT CITY , FLA. 32212	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD YETTEWICH, GLADYS RR 2 BOX 1215 CRESCENT CITY FL 32112-9655	☐ DELETE	5.1 TITLE S.D / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP YETTEWICH , GLADYS N/A R.R. 2 BOX 1215 CRESCENT CITY FLA. 32112-9655	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T VOLPE, EDYTHE PO BOX 634 (N/A) POMONA PARK FL 32181	☒ DELETE	6.1 TITLE T / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP T George Brach Box 222 Lake COMO Fla. 32157 116 Uclid ave	☒ Change ☐ Addition

CR2E037 (9/96)

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.

SIGNATURE: George Brach GEORGE BRACH 1-904-649-4302
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 2-7-1997 Daytime Phone