FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

729185 DOCUMENT #

(9)

NORTHEAST ST. PETERSBURG CHAPTER # 1693 OF AMERIC AN ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business Mailing Address C/O JAMES A. CRANDALL					F BBITT 18616 13848 JBitt (fatt i fint mit anter meter anter anter anter anter anter				
130-37TH AVE I	N		5150 10TH AVENUE. NORTH. #202						
ST PETERSBUR	IG FL 33704	ST. PETERSBURG FL 33710			3. Date Incorporated or Qualified 03/26/1974		ate of Last Re 05/01/199		
		2a. Mailing Address				4. FEI Number		Ap	oplied For
2. Principal Plac	ce of Business	26				23-7354739			ot Applicable
Suite, Apt. #	. etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional equired
22	,	27						\$5.00 May Be	
City & State		City & State				Election Campaign Financing Trust Fund Contribution			May Be to Fees
23		28	Count	trv		8. This corporation has liability for	intangible t		
Zip	Country	Zip	30	,		Florida Statutes	_] Yes ∟	J No	
24	25 9. Name and Address of Curre	29 ant Registered Agent	_1301			10. Name and Address of New F	legistered	Agent	
	9. Name and Address of Curr	ont registered rigeric		31	Name				
Maria Co	I MANEC A		Ļ	_	0	ess (P.O. Box Number is Not Acceptab	ole)		
CHANDAL	.L, JAMES A. H AVENUE NORTH #202			32	20.66; VQO	ess (i.o. box realines to the hooping	, <u></u>		
	RSBURG FL 33710		ļ.	83					
or. PEIC	חסטטחטן דוג טטו וע		<u> </u>	_				85 Zip	Code
				B4	City		Fl	_ '	
44 0	a the provisions of Sections 617.06	02 and 617.1508. Florida Statu	ites, the abov	e-na	amed corpor	ration submits this statement for the pu ird of directors. I hereby accept the app	rpose of ch	nanging its re	gistered office
				orpo	ration's boa	ration submits this statement for the purific of directors. I hereby accept the app	onunen a	is registered i	agont. rum
familiar wit	h, and accept the obligations of Se	ection 617.0503, Florida Statute	is. (/		1001/1	O Carelall Q	asi C	1,199	<i>L.</i>
SIGNATURE _	Signature, typed or printed name of registered ag	KHNUALL	ini Byrsyren	.∕ /. Agen	Signature require	1 where mediate at	DATE	/	
40		AND DIRECTORS	/13.			ADDITIONS/CHANGES TO OF	FICERS AN	ID DIRECTO	AS IN 12
12.	PD	DELETE	1170	L F				Change	Addition
NAME	GUTEKUNST, MILDRED D		1.2 NA	ME					
STREET ADDRESS	4129 - 35TH AVE., N.		1351	REET.	ADDRESS				
	ST. PETERSBURG FL		14 Cil	[Y-S]	T - ZIP			<u> </u>	- Addition
CITY - ST - ZIP	SIN	DELETE	2 1 TiT	LE				☐ Change	☐ Addition
	SMITH, KATHLEEN		2 2 NA	ME					
NAME CTOCCT ADODGES	4748 DOVER ST NE		23 ST	REE!	ADDRESS				
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TITLE	CRANDALL, JAMES A.		3 2 NA	AME					
NAME CARCEL ADDRESS	5150 10TH AVENUE NORTH	Н	33 ST	REET	ADDRESS				
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CITY - ST - ZIP		DELETE	41 TI					Change	Addition
i		-	4 2 N	IAME					
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NAME					T ADORESS				レンタント
I STORET ADDOCCO	1		0.50						

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 coath; 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:

april 4,1996 813.321-3181

CR2E037 (12/95)