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FILED

May 09 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Northington  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 729185 (9)

1. Corporation Name

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

Principal Place of Business

Mailing Address

130-37TH AVE N  
ANNEX CRENT  
ST PETERSBURG FL 33704  
USC/O JAMES A. CRANDALL  
5150 10TH AVENUE NORTH #202  
ST. PETERSBURG FL 33710-66413. Date Incorporated or Qualified  
03/26/19743a. Date of Last Report  
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip Country

28 Zip Country

24 25

29 30

4. FEI Number

23-7354739

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. 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

CRANDALL, JAMES A.  
5150 10TH AVENUE NORTH #202  
ST. PETERSBURG FL 33710*Handwritten note: You are to become agent 3-19-96 now JAC*

81 Name WICKMANN, ROBERT, PRES.

82 Street Address (P.O. Box Number is Not Acceptable)  
775 43RD AVE., NE.

83 ST. PETERSBURG, FL

84 City

FL

85 Zip Code  
33703

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

*Robert Wickmann*

(NOTE: Registered Agent signature required when reinstating)

DATE

PRESIDENT

4/7/97

## 12. OFFICERS AND DIRECTORS

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GUTEKUNST, MILDRED D	
STREET ADDRESS	4129 - 35TH AVE., N.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SMITH, KATHLEEN	
STREET ADDRESS	4748 DOVER ST NE	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	CRANDALL, JAMES A.	
STREET ADDRESS	5150 10TH AVENUE NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	WICKMANN, ROBERT, PRESIDENT	
1.3 STREET ADDRESS	775 43RD AVE., NE	
1.4 CITY-ST-ZIP	ST PETERSBURG FL 33703	
2.1 TITLE	TO SMITH, JOHNA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	4748 DOVER ST. NE	
2.3 STREET ADDRESS	ST. PETERSBURG, FL	
2.4 CITY-ST-ZIP	33703	
3.1 TITLE	KATHLEEN SMITH	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SECRETARY	
3.3 STREET ADDRESS	4748 DOVER ST NE	
3.4 CITY-ST-ZIP	ST PETERSBURG, FL 33703	
4.1 TITLE	NORMAN F. SPARFORD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MEMBERSHIP CHAIRMAN	
4.3 STREET ADDRESS	1300 47TH AVE. NE	
4.4 CITY-ST-ZIP	ST PETERSBURG, FL 33703	
5.1 TITLE	JAMES A. CRANDALL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	5150 10TH AVEN APT 202	
5.4 CITY-ST-ZIP	ST. PETERSBURG FLA 33710	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(l), 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 REQUIRED

*Robert Wickmann*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0050894

CR2E037 (96)