

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **729505** (8)

1. Corporation Name

MELBOURNE AIRPORT CHAPTER #1736 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business

Mailing Address

C/O EASTER, LOUISE
1111 HAVEN COURT
MELBOURNE FL 32901
US

C/O EASTER, LOUISE
1111 HAVEN COURT
MELBOURNE FL 32901
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

3. Date Incorporated or Qualified

04/26/1974

3a. Date of Last Report

02/21/1995

4. FEI Number

23-7364014

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

**EASTER, E. LOUISE
1111 HAVEN COURT
MELBOURNE FL 32901**

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PD
EASTER, LOUISE
1111 HAVEN CT
MELBOURNE FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**V
CLOVIS, ELIZABETH
663 BOND STREET
MELBOURNE FL**

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**S
WINKEL, DONNA
649 PLUM GROVE
MELBOURNE FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**T
RICKERT, MERLE
645 SLEEPY HOLLOW W
MELBOURNE FL**

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
THOMAS, MARJORIE
615 FLOYD BENNET DR
MELBOURNE FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
OHNS, ED
663 FLEET STREET
MELBOURNE FL**

☒ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

P

**Betty Ann Gauvreau
1313 Harry Sutton Rd.
Melbourne, FL 32901**

**700001739347
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***61.25**

**T
E. Louise Easter
1111 S. Haven Ct
Melbourne FL 32901**

**D
Marjorie Thomas**

**D
Catherine Stein
1160 Sleepy Hollow
Melbourne FL 32901**

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 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: **E. Louise Easter** **E. Louise Easter**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-96

Date

125-5375

Daytime Phone

56 3-11-96

CR2E037 (12/95)