FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # 730433 (0)

1. Corporation Name

GREATER CHIEFLAND CHAPTER #1840 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business	Mailing Address
C/O KATHYRN HELLWIG RT. 1. BOX 1031-H CHIEFLND FL 32626	C/O KATHYRN HELLWIG RT. 1. BOX 1031-H CHIEFLND FL 32626

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/14/1974
3a. Date of Last Report: 05/01/1994
4. FEI Number: 23-7380135 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 Delma Locke Bldg.	26 Same
22 Suite, Apt. #, etc. Chiefland, Fl.	27 Suite, Apt. #, etc.
23 City & State 32626 Levy	28 City & State
24 Zip	25 Country
	29 Zip
	30 Country

9. Name and Address of Current Registered Agent

SPILLANE, ARTHA
RR# 3 BOX #327
CHIEFLND FL 32626

10. Name and Address of New Registered Agent

81 Name ARTHA SPILLANE
82 Street Address (P.O. Box Number is Not Acceptable) R.R. 3, Box # 327
83
84 City Chiefland FL 65 Zip Code 32626

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE No Change
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P-K. H. CARPENTER ☒ Change ☐ Addition
NAME	HELLWIG, KATHRYN	1.2 NAME	
STREET ADDRESS	RT 1 BOX 1031H	1.3 STREET ADDRESS	7350 NW. 97th Place
CITY-ST-ZIP	CHIEFLND FL	1.4 CITY-ST-ZIP	Chiefland, FL. 32626
TITLE	S	2.1 TITLE	S - MARIE SHEERFY ☒ Change ☐ Addition
NAME	RAMSDELL, LEILA	2.2 NAME	
STREET ADDRESS	RT 4 BOX 62666	2.3 STREET ADDRESS	P.O. Box 446 NA
CITY-ST-ZIP	CHIEFLND FL 32626	2.4 CITY-ST-ZIP	Cross City, FL. 32628
TITLE	T	3.1 TITLE	T- RICHARD LE GRAND ☒ Change ☐ Addition
NAME	BEACH, E. GENEVIEVE	3.2 NAME	
STREET ADDRESS	RT. 2 BOX 393	3.3 STREET ADDRESS	P.O. Box 1435 NA
CITY-ST-ZIP	CHIEFLND FL	3.4 CITY-ST-ZIP	BRONSON, FL. 32669
TITLE	D	4.1 TITLE	D - DOROTHY FOUTE ☒ Change ☐ Addition
NAME	JONES, BEN	4.2 NAME	
STREET ADDRESS	RT. 1, BOX 1031-P	4.3 STREET ADDRESS	RT. # 3 - Box 136 NA
CITY-ST-ZIP	CHIEFLND FL	4.4 CITY-ST-ZIP	TRENTON, FL. 32693
TITLE	D	5.1 TITLE	D-James Hellwig ☒ Change ☐ Addition
NAME	HANSON, HELEN J.	5.2 NAME	
STREET ADDRESS	RT. 2 BOX 396	5.3 STREET ADDRESS	RT. 1, Box 1031-H NA
CITY-ST-ZIP	CHIEFLND FL	5.4 CITY-ST-ZIP	Chiefland, FL. 32626
TITLE	D	6.1 TITLE	D - JOAN LE GRAND ☒ Change ☐ Addition
NAME	MCARTHUR, JOHN	6.2 NAME	
STREET ADDRESS	RT. 2 BOX 773-28	6.3 STREET ADDRESS	P.O. Box 1435 NA
CITY-ST-ZIP	CHIEFLND FL	6.4 CITY-ST-ZIP	BRONSON, FL. 32626

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: K. H. Carpenter 4 APR. 95 904-493-2254
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

K. H. CARPENTER