

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 # 730433 (0)

1. Corporation Name

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



Principal Place of Business

DELMA LOCKE BLDG
CHIEFLND FL 32626
US

Mailing Address

C/O KATHYRN HELLWIG
RT 1 BOX 1031-H
CHIEFLND FL 32626

3. Date Incorporated or Qualified
08/14/1974

3a. Date of Last Report
04/18/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. **26** **P.O. Box 893**

22 City & State **27** **CHIEFLAND, FL**

23 Zip **28** **32644** **29** **FL** **30** **USA**

24 Country **25** **US** **29** **32644** **30** **USA**

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**

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

ARTHA SPILLANE
RR3 BOX 327
CHIEFLND FL 32626

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE **P** ☒ DELETE

NAME **CAPENTER, KH**
STREET ADDRESS **7350 NW 97TH PLACE**
CITY-ST-ZIP **CHIEFLND FL**

TITLE **S** ☒ DELETE

NAME **SHEELEY, AMBIE**

STREET ADDRESS **P O BOX 446**
CITY-ST-ZIP **CROSS CITY FL**

TITLE **T** ☒ DELETE

NAME **LEGRAND, RICHARD**
STREET ADDRESS **P O BOX 1435**
CITY-ST-ZIP **BRONSON FL**

TITLE **D** ☐ DELETE

NAME **FOUTE, DOROTHY**
STREET ADDRESS **RT 3 BOX 136**
CITY-ST-ZIP **TRENTON FL**

TITLE **D** ☐ DELETE

NAME **HELLWIG, JAMES**
STREET ADDRESS **RT 1 BOX 1031-H**
CITY-ST-ZIP **CHIEFLND FL**

TITLE **D** ☒ DELETE

NAME **LEGRAND, JOAN**
STREET ADDRESS **P O BOX 1435**
CITY-ST-ZIP **BRONSON FL**

11 TITLE ☒ Change ☐ Addition

12 NAME **RICHARD LEGRAND**

13 STREET ADDRESS **Box 1435**

14 CITY-ST-ZIP **BRONSON, FL 32621**

21 TITLE ☒ Change ☐ Addition

22 NAME **RUTH BALCHUCK**

23 STREET ADDRESS **RT 3, Box 157**

24 CITY-ST-ZIP **Old Town FL 32680**

31 TITLE ☒ Change ☐ Addition

32 NAME **E. GENEVIEVE BEACH**

33 STREET ADDRESS **8631 NW 145 ST**

34 CITY-ST-ZIP **CHIEFLAND, FL 32626**

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☒ Change ☐ Addition

62 NAME **DIRECTOR**

63 STREET ADDRESS **ELEANOR CARPENTER**

64 CITY-ST-ZIP **7350 NW 97 PLANE**

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. Genevieve Beach Treasurer

4-17-96

352
493-4432

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)