

**CORPORATION  
ANNUAL REPORT  
1995**

FLORIDA DEPARTMENT OF REVENUE  
Division of Corporations  
Secretary of State

95 MAY -1 PM 12:16

**DOCUMENT # 730853 (9)**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**SILVER SPRINGS, FLORIDA CHAPTER #1862 OF AMERICAN  
ASSOCIATION OF RETIRED PERSONS, INC.**

600001483686  
-05/11/95--01016--001  
\*\*\*9038.75 \*\*\*\*130.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
6120 N.E. 7TH ST. 6120 N.E. 7TH ST.  
OCALA FL 32670 Ocala FL 32670

3. Date Incorporated or Qualified 10/03/1974  
3a. Date of Last Report 05/01/1994

4. FEI Number 23-7392605  
Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country  
24 Zip 25 Country 29 Zip 30 Country

5. Certificate of Status Desired  \$9.75 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

**9. Name and Address of Current Registered Agent**

SENIOR, GEROGIA  
6417 NW 2ND ST.  
OCALA FL 34470

**10. Name and Address of New Registered Agent**

81 Name DEITZ, ALICE  
82 Street Address (P.O. Box Number is Not Acceptable) 6535 N. E. 1st Place  
83  
84 City Ocala, FL 85 Zip Code 34470

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 Alice M. Deitz, President

*Alice M. Deitz* March 15, 1995  
(NOTE: Registered Agent signature required when registering) DATE

**12. OFFICERS AND DIRECTORS**

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

TITLE PD  
NAME SENIOR, GEORGIA  
STREET ADDRESS 6417 NE 2 ST.  
CITY - ST - ZIP Ocala FL 34470

TITLE VD  
NAME FRANCHIO, MICHAEL R  
STREET ADDRESS 6453 N.E. 2ND STREET  
CITY - ST - ZIP Ocala FL 34470

TITLE S  
NAME DEITZ, ALICE  
STREET ADDRESS 6535 N.E 1ST PLACE  
CITY - ST - ZIP Ocala FL 34470

TITLE T  
NAME FRANCHIO, GRACE K  
STREET ADDRESS 6453 N.E. 2ND ST.  
CITY - ST - ZIP Ocala FL 34470

TITLE D  
NAME RITCHIE, RUBY  
STREET ADDRESS 155 NE 64TH TERRACE  
CITY - ST - ZIP Ocala FL 34470

TITLE D  
NAME HOOD, EVELYN  
STREET ADDRESS 4376 NE 12TH STREET  
CITY - ST - ZIP Ocala FL 34470

1.1 TITLE PD  Change  Addition  
1.2 NAME Deitz, Alice M.  
1.3 STREET ADDRESS 6535 N.E. 1st Place  
1.4 CITY - ST - ZIP Ocala, FL 34470

2.1 TITLE VD  Change  Addition  
2.2 NAME Senior, Georgia  
2.3 STREET ADDRESS 6417 N.E. Street  
2.4 CITY - ST - ZIP Ocala, FL 34470

3.1 TITLE S  Change  Addition  
3.2 NAME Ritchie, Ruby  
3.3 STREET ADDRESS 155 N.E. 64th Terrace  
3.4 CITY - ST - ZIP Ocala, FL 34470

4.1 TITLE T  Change  Addition  
4.2 NAME Yaw, Neva  
4.3 STREET ADDRESS 561 N.E. 62nd Terrace  
4.4 CITY - ST - ZIP Ocala, FL 34470

5.1 TITLE D  Change  Addition  
5.2 NAME Love, Ruth  
5.3 STREET ADDRESS 3001 S.E. Lake Weir  
5.4 CITY - ST - ZIP Ocala, FL 34471

6.1 TITLE D  Change  Addition  
6.2 NAME Hood, Evelyn  
6.3 STREET ADDRESS 4376 M?E? 12th Street  
6.4 CITY - ST - ZIP Ocala, FL 34470

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)(4), 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: Alice M. Deitz  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Alice M. Deitz* March 15, 1995

(904) 236-2635  
CORPORATION