

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 730853 (9)

1. Corporation Name
SILVER SPRINGS, FLORIDA CHAPTER #1862 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.



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

3. Date incorporated or Qualified: 10/03/1974
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21 191 N.E. 63rd Court
Suite, Apt. #, etc.
22 Ocala, FL
City & State
23 34470 Marion
Zip Country
24
25
2a. Mailing Address
26 191 N.E. 63rd Court
Suite, Apt. #, etc.
27 Ocala, FL
City & State
28 34470 Marion
Zip Country
29
30

4. FEI Number: 23-7392605
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
DEITZ, ALICE
6535 N.E. 1ST PLACE
OCALA FL 34470

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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: ALICE DEITZ, President
Signature typed or printed name of registered agent and title if applicable: ALICE M. Deitz
(NOTE: Registered Agent signature required when reinstating)
DATE: March 14, 1996

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DEITZ, ALICE	
STREET ADDRESS	6535 N.E. 1ST PLACE	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SENIOR, GEORGIA	
STREET ADDRESS	6417 N.E. 2nd Street	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	S	<input type="checkbox"/> DELETE
NAME	RITCHIE, RUBY	
STREET ADDRESS	155 N.E. 64TH TERRACE	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	T	<input type="checkbox"/> DELETE
NAME	YAW, NEVA	
STREET ADDRESS	561 N.E. 62ND TERRACE	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LOVE, RUTH	
STREET ADDRESS	3001 S.E. LAKE WEIR	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOOD, EVELYN	
STREET ADDRESS	4376 NE 12TH STREET	
CITY-ST-ZIP	OCALA FL 34470	

13. APPLICANTS/CHANGES TO OFFICERS AND DIRECTORS IN '96

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Davis, William	
1.3 STREET ADDRESS	6564 N.E. 1st Lane	
1.4 CITY-ST-ZIP	Ocala, FL 34470	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DES BIENS, JOAN	
2.3 STREET ADDRESS	6435 N.E. 1st Lane	
2.4 CITY-ST-ZIP	Ocala, FL 34470	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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: Alice M. Deitz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Alice M. Deitz
DATE: March 14, 1996
DAYTIME PHONE #

CR2E037 (12/95)