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FILED
May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morhart Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 730853 (9)
1. Corporation Name
SILVER SPRINGS, FLORIDA CHAPTER #1862 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.



Principal Place of Business 191 NE 63RD CT OCALA FL 34470 US	Mailing Address 191 NE 63RD CT OCALA FL 34470-1739 US
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3. Date Incorporated or Qualified 10/03/1974	3a. Date of Last Report 03/18/1996
4. FEI Number 23-7392605	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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
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 ALICE DEITZ DATE April 15, 1997
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEITZ, ALICE	1.2 NAME	Lena B. Brown
STREET ADDRESS	6535 N.E. 1ST PLACE	1.3 STREET ADDRESS	6532 N.E. 1st Place
CITY-ST-ZIP	OCALA FL 34470	1.4 CITY-ST-ZIP	Ocala, FL 34470
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SENIOR, GEORGIA	2.2 NAME	Davis, William
STREET ADDRESS	6417 N.E. STREET	2.3 STREET ADDRESS	6564 N.E. 1st Street
CITY-ST-ZIP	OCALA FL 34470	2.4 CITY-ST-ZIP	Ocala, FL 34470
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RITCHIE, RUBY	3.2 NAME	Kuhn, Nancy
STREET ADDRESS	155 N.E. 64TH TERRACE	3.3 STREET ADDRESS	6390 N.E. 2nd ST.
CITY-ST-ZIP	OCALA FL 34470	3.4 CITY-ST-ZIP	Ocala, FL 34470
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YAW, NEVA	4.2 NAME	Des Biens, Joan
STREET ADDRESS	561 N.E. 62ND TERRACE	4.3 STREET ADDRESS	6435 N.E. 1st St.
CITY-ST-ZIP	OCALA FL 34470	4.4 CITY-ST-ZIP	Ocala, FL 34470
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOVE, RUTH	5.2 NAME	
STREET ADDRESS	3001 S.E. LAKE WEIR	5.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34471	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOOD, EVELYN	6.2 NAME	
STREET ADDRESS	4376 NE 12TH STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34470	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 DEITZ DATE April 15, 1997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)