FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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***9038.75 ****130.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # 731435 (4)

1. Corporation Name

WALTON COUNTY CHAPTER #1921 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business	Mailing Address
DIANE KUSEVICH RT 8, BOX 168 DEFUNIAK SPRINGS FL 32433 US	DIANE KUSEVICH RT 8, BOX 168 DEFUNIAK SPRINGS FL 32433 US

3. Date Incorporated or Qualified: 12/20/1974
3a. Date of Last Report: 04/18/1994
4. FEI Number: 23-7399918 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 DIANE KUSEVICH	26 DIANE KUSEVICH
Suite, Apt. #, etc. 22 190 WIDNER CIR	Suite, Apt. #, etc. 27 190 WIDNER CIR
City & State 23 DEFUNIAK SPS. FL.	City & State 28 DEFUNIAK SPGS FL
Zip / Country 24 32433 / 25 WALTON	Zip / Country 29 32433 / 30 WALTON

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
NOTHSTEIN, BETTY ANN RT. 9, BOX 1141 DEFUNIAK SPRINGS FL 32433	81 Name: SARAH KOEDEL 82 Street Address (P.O. Box Number is Not Acceptable): 1007 JUNIPER LAKE DR. 83 84 City: DE FUNIAK SPGS FL 85 Zip Code: 32433

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: Sarah Koedel — SARAH KOEDEL — 3-1-95
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	PD	11 TITLE	PRESIDENT/D.	☒ Change ☐ Addition
NAME	KUSEVICH, DIANE	12 NAME	DIANE KUSEVICH	
STREET ADDRESS	RT 8, BOX 168	13 STREET ADDRESS	190 WIDNER CIR.	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	14 CITY-ST-ZIP	DEFUNIAK SPGS FL 32433	
TITLE	VD	21 TITLE	VICE PRESIDENT/D	☒ Change ☐ Addition
NAME	JERNIGAN, GRACE	22 NAME	JOHN BELENSOFF	
STREET ADDRESS	RT 3, BOX 52	23 STREET ADDRESS	138 SILK OAK LANE	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	24 CITY-ST-ZIP	DEFUNIAK SPGS. FL 32433	
TITLE	SD	31 TITLE	SEC/D	☒ Change ☐ Addition
NAME	REDMOND, MILDRED	32 NAME	MILDRED. REDMOND	
STREET ADDRESS	RT 8, BOX 168	33 STREET ADDRESS	192 WIDNER CIR	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433	34 CITY-ST-ZIP	DEFUNIAK SPGS FL 32433	
TITLE	TD	41 TITLE	TREAS/D	☒ Change ☐ Addition
NAME	NOTHSTEIN, BETTY ANN	42 NAME	SARAH KOEDEL	
STREET ADDRESS	RT 9, BOX 1141	43 STREET ADDRESS	1007 JUNIPER LAKE DR.	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433	44 CITY-ST-ZIP	DEFUNIAK SPGS. FL 32433	
TITLE	D	51 TITLE	D.	☒ Change ☐ Addition
NAME	CROSSWRIGHT, D	52 NAME	ALPHONSO A. JOHNSON	
STREET ADDRESS	1200 E. YOUNGE STREET	53 STREET ADDRESS	RT 4 BOX 2825	
CITY-ST-ZIP	PENSACOLA FL 32503	54 CITY-ST-ZIP	WILLISTON, FL 32696	
TITLE	D	61 TITLE		☒ Change ☐ Addition
NAME	WRIGHT, CROSS	62 NAME		
STREET ADDRESS	1200 E. YONGE STREET	63 STREET ADDRESS	ELIMINATE	
CITY-ST-ZIP	PENSACOLA FL	64 CITY-ST-ZIP		

AR 5/10

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)(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: Diane Kusevich — DIANE KUSEVICH — 3-1-95 — 904-892-9204
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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