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 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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***9038.75 ****130.00

DOCUMENT # 733668 (8)

1. Corporation Name

PALATKA CHAPTER #2224 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
P.O. BOX 2550 PALATKA FL 32177	P.O. BOX 2550 PALATKA FL 32177

3. Date Incorporated or Qualified: 06/26/1975
3a. Date of Last Report: 05/01/1994

4. FEI Number: 59-1620663 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (30)

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

ARROYO, BLAZ
RT. 1 BOX 296-A
SAN MATEO FL 32187

10. Name and Address of New Registered Agent

(81) DV
(82) LETOURNEAU, WILLIAM
(83) 115 QUAIL LANE
(84) PALATKA FL 32177

City: FL (85) Zip Code

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: William J Letourneau — William J LeTourneau — March 2, 1995
(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	DP	1.1 TITLE	DP Letourneau, William ☑ Change ☐ Addition
NAME	LETOURNEAU WILLIAM	1.2 NAME	
STREET ADDRESS	115 QUAIL LANE	1.3 STREET ADDRESS	115 Quail Lane
CITY-ST-ZIP	PALATKA FL 32177	1.4 CITY-ST-ZIP	Palatka, FL 32177
TITLE	DV	2.1 TITLE	DV Turner, Edith ☑ Change ☐ Addition
NAME	EDITH TURNER	2.2 NAME	
STREET ADDRESS	RT 8 BOX 6510	2.3 STREET ADDRESS	Rt 8 Box 6510
CITY-ST-ZIP	PALATKA FL. 32177	2.4 CITY-ST-ZIP	Palatka, FL 32177
TITLE	S	3.1 TITLE	S Bernson, Astrid ☑ Change ☐ Addition
NAME	ASTRID BERNSON	3.2 NAME	
STREET ADDRESS	#3318 ROSS CIRCLE	3.3 STREET ADDRESS	3318 Ross Circle
CITY-ST-ZIP	PALATKA FL. 32177	3.4 CITY-ST-ZIP	Palatka, FL 32177
TITLE	DT	4.1 TITLE	☐ Change ☐ Addition
NAME	BOBBITT, VIVIAN	4.2 NAME	
STREET ADDRESS	104 BROWING LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	EAST PALATKA FL 32131	4.4 CITY-ST-ZIP	
TITLE	LC M	5.1 TITLE	LC/D ☑ Change ☐ Addition
NAME	ARROYO, BLAZ	5.2 NAME	
STREET ADDRESS	RT. 1 BOX 296 A	5.3 STREET ADDRESS	Rt 1 Box 296 A
CITY-ST-ZIP	SAN MATEO FL 32187	5.4 CITY-ST-ZIP	San Mateo, FL 32187
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

BP 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: Vivian L Bobbitt / VIVIAN Bobbitt — Mar 3 - 95 — 904-325-5330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0084840