

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 733668 (8)

1. Corporation Name

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



Principal Place of Business

Mailing Address

P.O. BOX 2558
PALATKA FL 32177

P.O. BOX 2558
PALATKA FL 32177

St. Monica Hall

P.O. Box 2558

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State
Palatka, FL - 32177

23 Zip
32177

24 Country
USA

28 Zip
32178

29 Country
USA

3. Date Incorporated or Qualified
08/26/1975

3a. Date of Last Report
05/01/1995

4. FEI Number
59-1620663

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

10. Name and Address of New Registered Agent

Neel K. Scully
LETOURNEAU, WILLIAM
115 QUAIL LANE
PALATKA FL 32177
P.O. Box 4
Palatka, FL 32178

81 Name
Neel K. Scully
82 Street Address (P.O. Box Number is Not Acceptable)
5175 17th St
83
84 City
Palatka - FL
85 Zip Code
32177

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 Neel K. Scully (Neel K. Scully, President)

April 20, 1996

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
NEEL K. SCULLY
5175 17th St
Palatka FL - 32178

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DV
TURNER, EDITH
RT 8 BOX 6510
PALATKA FL 32177

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
BERNSON, ASTRID
3318 ROSS CIRCLE
PALATKA FL 32177

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DT
BOBBITT, VIVIAN
104 BROWING LANE
EAST PALATKA FL 32131

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
LCD
ARROYO, BLAZ
RT 1 BOX 298 A
SAN MATEO FL 32187

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
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. 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 A. Bobbitt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 9 - 1996 904-325-5330

Date

Daytime Phone #

CR2E037 (12/95)