

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 # 733732 (2)

1. Corporation Name

MARTIN COUNTY CHAPTER #2223 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.



Principal Place of Business: 801 SE JOHNSON AVE, P.O. BOX 1336, STUART FL 34994-3027
Mailing Address: 801 SE JOHNSON AVE, P.O. BOX 1336, STUART FL 34994-3027
PO Box 1517 JENSEN BEACH FL 34958-1517 SAME

3. Date Incorporated or Qualified: 09/03/1975
3a. Date of Last Report: 03/15/1995

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|---|------------------------------------|--|--------------------------------|
| 21. Principal Place of Business: PO Box 1517 | 2a. Mailing Address: P.O. Box 1517 | 4. FEI Number: 59-1616544 | Applied For: Not Applicable |
| 22. Suite, Apt. #, etc. | 27. Suite, Apt. #, etc. | 5. Certificate of Status Desired: <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23. City & State: JENSEN BEACH FL | 28. City & State: JENSEN BEACH FL | 6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24. Zip: 34958-1517 | 25. Country: MARTIN | 29. Zip: 34958-1517 | 30. Country: MARTIN |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

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|--|--|
| 9. Name and Address of Current Registered Agent: BROOKS, HARRY, 2267 SE MONROE ST. STUART FL 34997 | 10. Name and Address of New Registered Agent: MAXINE O'KELLEY, 1558 SE DEWBERRY, PORT ST LUCIE, FL 34952 |
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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: *Anna K. Burn* (NOTE: Registered Agent signature required when re-instating) DATE:

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|-------------------------------------|--|---|--|
| TITLE: P | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE: PRESIDENT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: BROOKS, HARRY | | 1.2 NAME: MAXINE O'KELLEY | |
| STREET ADDRESS: 2269 SE MONROE ST. | | 1.3 STREET ADDRESS: 1558 SE DEWBERRY CT | |
| CITY-ST-ZIP: STUART FL | | 1.4 CITY-ST-ZIP: PORT ST LUCIE FL 34952 | |
| TITLE: D | <input checked="" type="checkbox"/> DELETE | 2.1 TITLE: V. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: SILVIA, JOHN | | 2.2 NAME: HELEN GALE | |
| STREET ADDRESS: 460 NE ONXY WAY | | 2.3 STREET ADDRESS: 1535 HILLTOP ST | |
| CITY-ST-ZIP: JENSEN BEACH FL | | 2.4 CITY-ST-ZIP: JENSEN BEACH FL 34957 | |
| TITLE: SD | <input type="checkbox"/> DELETE | 3.1 TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: MOATEE, HARRIET | | 3.2 NAME: | |
| STREET ADDRESS: 3 BERMUDA | | 3.3 STREET ADDRESS: | |
| CITY-ST-ZIP: OCEAN BREEZE PARK FL | | 3.4 CITY-ST-ZIP: | |
| TITLE: T | <input type="checkbox"/> DELETE | 4.1 TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: BURN, ANNEK | | 4.2 NAME: | |
| STREET ADDRESS: 210 CAMINO DEL RIO | | 4.3 STREET ADDRESS: | |
| CITY-ST-ZIP: PORT ST. LUCIE FL | | 4.4 CITY-ST-ZIP: | |
| TITLE: D | <input type="checkbox"/> DELETE | 5.1 TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: BLAKE, EDWARD J. | | 5.2 NAME: | |
| STREET ADDRESS: 25 NE WARNER | | 5.3 STREET ADDRESS: | |
| CITY-ST-ZIP: JENSEN BEACH FL | | 5.4 CITY-ST-ZIP: | |
| TITLE: D | <input type="checkbox"/> DELETE | 6.1 TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: THOMAS, JEAN | | 6.2 NAME: | |
| STREET ADDRESS: 4426 SE NIMROD LANE | | 6.3 STREET ADDRESS: | |
| CITY-ST-ZIP: STUART FL | | 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: *Anna K. Burn* 3-20-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Daytime Phone #

CR2E037 (12/95)