

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED AND FILED

CORPORATION ANNUAL REPORT 1995



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

95 MAY -1 PM 12:28

DOCUMENT # 733974 (0)

1. Corporation Name
ST. AUGUSTINE SOUTH-WEST AREA CHAPTER #2276 OF A AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

794 MEDINA AVENUE ST. AUGUSTINE SHORES FL 32086

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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/02/1975

3a. Date of Last Report: 05/01/1994

4. FEI Number: 51-0148078

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

2. Principal Place of Business 2a. Mailing Address

21 222 DELTONA BLVD 26 222 DELTONA BLVD

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

23 ST. AUGUSTINE FLORIDA 28 ST. AUGUSTINE FLORIDA

24 32086 25 USA 29 32086 30 USA

9. Name and Address of Current Registered Agent

RITCHIE, DORRIE E.
794 MEDINA AVENUE
ST. AUGUSTINE SHORES FL 32086

10. Name and Address of New Registered Agent

81 Name: ANNE K. BOURGUIGNON

82 Street Address (P.O. Box Number is Not Acceptable): 222 DELTONA BLVD.

83

84 City: St. Augustine FL 85 Zip Code: 32086

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: ANNE K. BOURGUIGNON, Treasurer *Anne K. Bourguignon* 3/4/95

Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when registering) (Date)

12. OFFICERS AND DIRECTORS	
TITLE: PD	NAME: PACE, IRENE STREET ADDRESS: 145 DELTONA BLVD CITY - ST - ZIP: ST AUGUSTINE FL
TITLE: VD	NAME: FREEMAN, MARY E STREET ADDRESS: 238 LILY RD. CITY - ST - ZIP: ST. AUGUSTINE FL
TITLE: TD	NAME: RITCHIE, DORRIE STREET ADDRESS: 794 MEDINA AVENUE CITY - ST - ZIP: ST AUGUSTINE, FL 00000
TITLE: SD	NAME: CAIOLI, CLARA STREET ADDRESS: 144 CAPTAINS POINT CIRCLE CITY - ST - ZIP: ST AUGUSTINE FL 32086
TITLE: VD	NAME: FARRELL, MARGE STREET ADDRESS: 184 COMOCOURT CITY - ST - ZIP: ST AUGUSTINE FL 32086
TITLE:	NAME:
TITLE:	NAME:
TITLE:	NAME:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE: PD	BUCKLEY, EDWARD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME:	22 CRISTINA COURT
13 STREET ADDRESS:	ST. AUGUSTINE, FL. 32086
14 CITY - ST - ZIP:	
21 TITLE: VD	PACE, IRENE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME:	145 DELTONA BLVD.
23 STREET ADDRESS:	ST. AUGUSTINE, FL. 32086
24 CITY - ST - ZIP:	
31 TITLE: TD	BOURGUIGNON, ANNE K. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME:	222 DELTONA BLVD
33 STREET ADDRESS:	ST. AUGUSTINE, FL 32086-7355
34 CITY - ST - ZIP:	
41 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME:	Same
43 STREET ADDRESS:	400001483664
44 CITY - ST - ZIP:	05/11/95 -- 01 (0) Sample (0) Addition
51 TITLE:	***9038.75 ****) 30.00
52 NAME:	Same
53 STREET ADDRESS:	
54 CITY - ST - ZIP:	
61 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME:	DP2510
63 STREET ADDRESS:	
64 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 110.07(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: *Anne K. Bourguignon* ANNE K. BOURGUIGNON 3/4/95 (904) 797-4852

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Area Code)