

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Mar 31 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 733974 (0)**

1. Corporation Name  
**ST. AUGUSTINE SOUTH-WEST AREA CHAPTER OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.** <sup>FE 2276</sup>

Principal Place of Business <b>222 DELTONA BLVD.                  ST. AUGUSTINE SHORES, FL.                  32086-7355</b>	Mailing Address <b>222 DELTONA BLVD.                  ST. AUGUSTINE SHORES,                  FL. 32086-7355</b>
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2. Principal Place of Business 21 <b>222 DELTONA BLVD.</b> Suite, Apt. #, etc. 22 City & State 23 <b>ST. AUGUSTINE, FL.</b> Zip 24 <b>32086</b>	2a. Mailing Address 26 <b>222 DELTONA BLVD.</b> Suite, Apt. #, etc. 27 City & State 28 <b>ST. AUGUSTINE, FL.</b> Zip 29 <b>32086</b>	3. Date Incorporated or Qualified <b>10/02/1975</b>	3a. Date of Last Report <b>2/7/1996</b>	4. FEI Number <b>51-0148078</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required		
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees		
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>BOURGUIGNON, ANNE K.                  222 DELTONA BLVD.                  ST. AUGUSTINE, FL. 32086</b>				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City	<b>FL</b>	85 Zip Code	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature, typed or printed name of registered agent and file if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BUCKLEY, EDWARD</b>	1.2 NAME	<b>PACE, IRENE</b>
STREET ADDRESS	<b>22 CRISTINA COURT</b>	1.3 STREET ADDRESS	<b>145 DELTONA BLVD.</b>
CITY-ST-ZIP	<b>ST. AUGUSTINE, FL. 32086</b>	1.4 CITY-ST-ZIP	<b>ST. AUGUSTINE, FL. 32086</b>
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PACE, IRENE</b>	2.2 NAME	<b>MCCARTHY, MARY LOU</b>
STREET ADDRESS	<b>145 DELTONA BLVD.</b>	2.3 STREET ADDRESS	<b>604 BAYWOOD TRAIL, PO Box 1346</b>
CITY-ST-ZIP	<b>ST. AUGUSTINE, FL. 32086</b>	2.4 CITY-ST-ZIP	<b>ST. AUGUSTINE, FL. 32086</b>
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOURGUIGNON, ANNE K</b>	3.2 NAME	
STREET ADDRESS	<b>222 DELTONA BLVD.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST. AUGUSTINE, FL. 32086</b>	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAIOLA, CLARA</b>	4.2 NAME	
STREET ADDRESS	<b>144 CAPTAINS POINT CIRCLE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST. AUGUSTINE, FL.</b>	4.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FARRELL, MARGE</b>	5.2 NAME	<b>BUCKNER, IRENE D.</b>
STREET ADDRESS	<b>184 COMO COURT</b>	5.3 STREET ADDRESS	<b>220 BARCOA COURT</b>
CITY-ST-ZIP	<b>ST. AUGUSTINE, FL. 32086</b>	5.4 CITY-ST-ZIP	<b>ST. AUGUSTINE, FL. 32086</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	<b>100002129431</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>-04/01/97--01006--038</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>***61.25</b>

14. I do hereby certify that the information supplied with this filing 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: Anne K. Bourguignon March 22, 1997 904:797-4852  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**ANNE K. BOURGUIGNON**

CR2E037 (9/96)