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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 11:11

DOCUMENT # 734063 (1)

1. Corporation Name

MIDDLE KEYS CHAPTER #2324 OF AMERICAN ASSOCIATIO N OF RETIRED PERSONS, INC.

Principal Place of Business	Mailing Address
33 STREET, GULF P.O. BOX 537 MARATHON FL 33050	33 STREET, GULF P.O. BOX 537 MARATHON FL 33050

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/14/1975
3a. Date of Last Report: 04/22/1994
4. FEI Number: 59-1626871 ☐ 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
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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

DAWSON, DAISY
755 25TH STREET OCEAN
P.O. BOX 537
MARATHON FL 33050

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number Is Not Acceptable)
33
34 City FL 35 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	DP	☒ Change ☐ Addition
NAME	WHITE, KENNETH	1.2 NAME	WILLIAMS JAMES	
STREET ADDRESS	483 110TH ST OCEAN	1.3 STREET ADDRESS	6099 OVERSEAS HWY #76 WEST	
CITY-ST-ZIP	MARATHON FL 33050	1.4 CITY-ST-ZIP	MARATHON FL 33050	
TITLE	DS	2.1 TITLE		☐ Change ☐ Addition
NAME	DIEZEL, ROSE	2.2 NAME		
STREET ADDRESS	389 110TH ST. OCEAN	2.3 STREET ADDRESS		
CITY-ST-ZIP	MARATHON FL 33050	2.4 CITY-ST-ZIP		
TITLE	1VP	3.1 TITLE	DVP	☒ Change ☐ Addition
NAME	MAFFEL, ROSE MARIE	3.2 NAME	DOLATO JOHN	
STREET ADDRESS	11688 6TH AVE OCEAN	3.3 STREET ADDRESS	P.O BOX 510416	
CITY-ST-ZIP	MARATHON FL	3.4 CITY-ST-ZIP	KEY COLONY BCH FL 33051	
TITLE	D	4.1 TITLE	D	☒ Change ☐ Addition
NAME	STERNE, JO	4.2 NAME	MURPHY DERRIL	
STREET ADDRESS	657 25TH OCEAN	4.3 STREET ADDRESS	254 29TH ST	
CITY-ST-ZIP	MARATHON FL 33050	4.4 CITY-ST-ZIP	MARATHON FL 33050	
TITLE	2VP	5.1 TITLE	D2VP	☒ Change ☐ Addition
NAME	WILLIAMS, JAMES	5.2 NAME	MAFFEI ROSE MARIE	
STREET ADDRESS	6099 OVERSEAS HWY #76 WEST	5.3 STREET ADDRESS	11688 6TH AVE OCEAN	
CITY-ST-ZIP	MARATHON FL 33050	5.4 CITY-ST-ZIP	MARATHON FL 33050	
TITLE	TD	6.1 TITLE	DT	☒ Change ☐ Addition
NAME	DAWSON, DAISY	6.2 NAME	DAWSON DAISY	
STREET ADDRESS	755 25TH STREET OCEAN	6.3 STREET ADDRESS	155 25TH STREET OCEAN	
CITY-ST-ZIP	MARATHON FL 33050	6.4 CITY-ST-ZIP	MARATHON FL 33050	

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: Daisy Dawson TREAS 2/16/95 305-743-4036
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
DAISY DAWSON

0010365