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Jan 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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

3. Date Incorporated or Qualified: **10/14/1975**
3a. Date of Last Report: **02/14/1996**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☒ DELETE	1.1 TITLE	DP	☒ Change ☐ Addition
NAME	DOLATA, JOHN		1.2 NAME	BIKOFSKY HENRY	
STREET ADDRESS	P O BOX 510416		1.3 STREET ADDRESS	1123 CALLE ENSENADA	
CITY-ST-ZIP	KEY COLONY BEACH FL		1.4 CITY-ST-ZIP	MARATHON FL 33050	
TITLE	DS	☒ DELETE	2.1 TITLE	DS	☒ Change ☐ Addition
NAME	SEDERGUIST, JOHN		2.2 NAME	FLORA CHABIN	
STREET ADDRESS	294 95TH ST		2.3 STREET ADDRESS	568 82ND ST	
CITY-ST-ZIP	MARATHON FL		2.4 CITY-ST-ZIP	MARATHON FL 33050	
TITLE	DVP	☒ DELETE	3.1 TITLE	DVP	☒ Change ☐ Addition
NAME	~~BIKOFSKY, HENRY~~		3.2 NAME	CAROL WARNKE	
STREET ADDRESS	~~1123 CALLE ENSENDDA~~		3.3 STREET ADDRESS	BOX 303 FERRIGIRAST	
CITY-ST-ZIP	~~MARATHON FL~~		3.4 CITY-ST-ZIP	MARATHON FL 33050	
TITLE	DVP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WHITE, KEN		4.2 NAME		
STREET ADDRESS	483 110TH ST OCEAN		4.3 STREET ADDRESS		
CITY-ST-ZIP	MARATHON FL		4.4 CITY-ST-ZIP		
TITLE	DVP	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MAFFEI, ROSEMARIE		5.2 NAME		
STREET ADDRESS	11688 6TH AVE OCEAN		5.3 STREET ADDRESS		
CITY-ST-ZIP	MARATHON FL		5.4 CITY-ST-ZIP		
TITLE	DT	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	DAWSON, DAISY		6.2 NAME		
STREET ADDRESS	755 25TH STREET OCEAN		6.3 STREET ADDRESS		
CITY-ST-ZIP	MARATHON FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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: DAISY DAWSON Daisy Dawson 305-743-4036
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0078157