SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # 735357 (6)

1. Corporation Name

BIG PINE KEY CHAPTER #2466 OF AMERICAN ASSOCIATI
ON OF RETIRED PERSONS, INC.

Principal Place of Business

% AARP #2466 RECREATION CENTER
KEY DEER BLVD.. ROUTE 3 BOX 186
BIG PINE KEY FL 33043

Mailing Address

% AARP #2466 RECREATION CENTER
KEY DEER BLVD.. ROUTE 3 BOX 186
BIG PINE KEY FL 33043

3. Date Incorporated or Qualified: 03/23/1976
3a. Date of Last Report: 12/31/1995

2. Principal Place of Business
21: 380 KEY DEER BLVD
Suite, Apt. #, etc.
22:
City & State
23: BIG PINE KEY, FL
Zip
24: 33043-4901
Country
25: USA

2a. Mailing Address
26: 380 KEY DEER BLVD
Suite, Apt. #, etc.
27:
City & State
28: BIG PINE KEY, FL
Zip
29: 33043-4901
Country
30: USA

4. FEI Number: 59-1876954 ☐ 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

SCHEULER, BESSIE
RT 5 BOS 821 HELEN ST
BIG PINE KEY FL 33043

10. Name and Address of New Registered Agent

81 Name: KROM, LILLIAN
82 Street Address (P.O. Box Number is Not Acceptable): 31084 AVE. H
83
84 City: BIG PINE KEY FL
85 Zip Code: 33043

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: Lillian Krom LILLIAN KROM, PRES. DATE: June 9, 1996
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	☒ DELETE
NAME	FREDERICKS, BESSIE	
STREET ADDRESS	P.O. BOX 267 N/A	
CITY-ST-ZIP	BIG PINE KEY FL 33043	
TITLE	VD	☒ DELETE
NAME	DONALD, MAC	
STREET ADDRESS	ROUTE 1 BOX 752, AVENUE D	
CITY-ST-ZIP	SANDS SD	
TITLE	SD	☐ DELETE
NAME	HANSEN, AUDREY	
STREET ADDRESS	P.O. BOX 201, HORACE ST. SNUG HARBOR N/A	
CITY-ST-ZIP	SUMMERLAND KEY FL 33042	
TITLE	TD	☒ DELETE
NAME	SCHUELER, BESSIE M	
STREET ADDRESS	ROUTE 5 BOX 821, HELEN ST.	
CITY-ST-ZIP	BIG PINE KEY FL 33043	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	~~PRES~~ PDC	☐ Change ☒ Addition
1.2 NAME	KROM, LILLIAN	
1.3 STREET ADDRESS	31084 AVE. H	
1.4 CITY-ST-ZIP	BIG PINE KEY, FL 33043	
2.1 TITLE	VD	☒ Change ☐ Addition
2.2 NAME	MACDONALD, DALLAS	
2.3 STREET ADDRESS	31581 AVE. D	
2.4 CITY-ST-ZIP	BIG PINE KEY, FL 33043	
3.1 TITLE	SD	☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	TD	☐ Change ☒ Addition
4.2 NAME	LINE, ELSIE	
4.3 STREET ADDRESS	BOX 430403 AVE. F	
4.4 CITY-ST-ZIP	BIG PINE KEY, FL 33043	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E037 (3/96)

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: [signature] SIGNATURE REQUIRED 6-18-96 305-872-2032
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #