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Jan 29 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 # 735357 (6)

1. Corporation Name

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



Principal Place of Business

Mailing Address

380 KEY DEER BLVD
KEY DEER BLVD., ROUTE 3 BOX 186
BIG PINE KEY FL 33043-4901
US

380 KEY DEER BLVD
KEY DEER BLVD., ROUTE 3 BOX 186
BIG PINE KEY FL 33043-4901
US

3. Date Incorporated or Qualified
03/23/1976

3a. Date of Last Report
06/21/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

10. Name and Address of New Registered Agent

SCHULER, BESSIE
RT 5 BOX 821 - HELEN ST
BIG PINE KEY FL 33043

81 Name

BOHRER, NORMAN F.

82 Street Address (P.O. Box Number is Not Acceptable)

3638 GULFSTREAM ST.

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 NORMAN F. BOHRER, TREASURER

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when registering)

Norman F. Bohrer January 21, 1997

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PDC ☐ DELETE
NAME KROM, LILLIAN
STREET ADDRESS 31084 AVE H
CITY-ST-ZIP BIG PINE KEY FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD ☐ DELETE
NAME MACDONALD, DALLAS
STREET ADDRESS 31581 AVE D
CITY-ST-ZIP BIG PINE KEY FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE SD ☐ DELETE
NAME HANSEN, AUDREY
STREET ADDRESS P.O. BOX 201, HORACE ST. SNUG HARBOR N/A
CITY-ST-ZIP SUMMERLAND KEY FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE TD ☒ DELETE
NAME LINE, ELSIE
STREET ADDRESS BOX 430403 AVE F
CITY-ST-ZIP BIG PINE KEY FL

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

Norman F. Bohrer NORMAN F. BOHRER January 21, 1997 (305) 872-2683

CR2E037 (9/96)