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

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

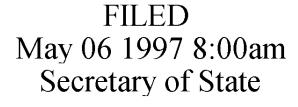
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(4)

PINE HILLS CHAPTER #2518 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business

Mailing Address





% KARAS. VIRGI 2002 CHICOTAH ORLANDO FL 32 2. Principal Pia 21 Suite, Apt. # 22 City & State	INIA WAY 1818 ace of Business f, etc.	% KARAS. VIRGINIA 2032 CH#COTAH WAY ORLANDO FL 32818-5332  2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State			3. Date Incorporated or Qualified 04/19/1976  4. FEI Number 95-3011574  5. Certificate of Status Desired  6. Election Campaign Financing	3a. Date 0	<u> </u>	oplied For of Applicable Additional equired	
23		28			Trust Fund Contribution		DU.GÇ t bebbA	7 1	
Zip 24	Country 25	Zip 29	Country 30		Florida Statutes				
	9. Name and Address of Current	Registered Agent		7	10. Name and Address of New Re	gistered A	gent		
KARAS, VIRGINIA 2032 CHICOTAH WAY ORLANDO FL 32818			83	Street /	address (P.O. Box Number is Not Acceptable)				
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statules, 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  Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
12,	OFFICERS AND		13.	join, oignatur o	ADDITIONS/CHANGES TO OFFI		DIRECTOR	IS IN 12	
TITLE NAME STREET ADDRESS	V KARAS, EDWARD 2032 CHICOTAH WAY ORLANDO, FL 00000	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREE	t address			Change	☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SOUKUP, ROBERT 8427 VILLAGE GREEN ORLANDO FL	☐ DELETE	2 1 TITLE 22 NAME	T ADDRESS	<b>YP</b> .	•	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SKOWRON, WALTER 2718 INVIRONS BLVD ORLANDO FL	X DELETE	3 1 TITLE 3.2 NAME	T ADDRESS	D NELDA EUNICE AV ORLANDO, PL. S PRES.	E E 3280	□ Change	.EX Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOON, WILLIAM 4505 MWADOWBROOK AVE ORLANDO FL	☐ DELETE	4.1 TITLE 4.2 NAM	E ET ADDRESS	PRES	Ē	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KARAS, VIRGINIA 2032 CHICOTAH WAY ORLANDO, FL 00000	☐ DELETE	5.1 TITLE 5.2 NAME	T ADDRESS			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUKE, AUDREY 1771 TALLOWAY ORLANDO FL	☐ DELETE	6.1 TITLE 6.2 NAME	T ADDRESS		Ţ	Change	Addition	

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 atlachmont with an address.