# 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

APPROVED AND FILED

95 MAY -1 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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***9038.75 ****130.00

DOCUMENT # **735616** **(5)**

1. Corporation Name

**JACKSONVILLE-HIGHLANDS CHAPTER #2467 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 10415 MONACO DRIVE #6<br>JACKSONVILLE FL 32218-5473 | 10415 MONACO DRIVE #6<br>JACKSONVILLE FL 32218-5473 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/20/1976
3a. Date of Last Report: 05/01/1994
4. FEI Number: 95-3006958 ☐ 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 — 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

9. Name and Address of Current Registered Agent

BERGMAN, ELMERITA
10415 MONACO DRIVE #6
JACKSONVILLE FL 32218

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 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 | PD | 1.1 TITLE | P/D ☒ Change ☐ Addition |
| NAME | BOSTER, GEORGE | 1.2 NAME | COWART, HUDSON |
| STREET ADDRESS | 3404 TROUT RIVER BLVD. | 1.3 STREET ADDRESS | 5202 JUSTILL LANE |
| CITY-ST-ZIP | JACKSONVILLE FL 32208 | 1.4 CITY-ST-ZIP | JACKSONVILLE, FL 32218 |
| TITLE | VD | 2.1 TITLE | V/D ☒ Change ☐ Addition |
| NAME | COWART, HUDSON | 2.2 NAME | HOWE, RAYMOND |
| STREET ADDRESS | 5202 JUSTILL LANE | 2.3 STREET ADDRESS | 8716 6th AVE. |
| CITY-ST-ZIP | JACKSONVILLE FL 32218 | 2.4 CITY-ST-ZIP | JACKSONVILLE, FL. 32208 |
| TITLE | S | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | SMART, MARY | 3.2 NAME | |
| STREET ADDRESS | 1641 WOFFARD STREET. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL 42218 | 3.4 CITY-ST-ZIP | |
| TITLE | T | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | BERGMAN, ELMERITA | 4.2 NAME | |
| STREET ADDRESS | 10415 MONACO DRIVE #6 | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL 32218-5473 | 4.4 CITY-ST-ZIP | |
| TITLE | D | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | WILHELM, RUBY | 5.2 NAME | |
| STREET ADDRESS | 1327 GAILWOOD CIRCLE N. | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL 32218 | 5.4 CITY-ST-ZIP | |
| TITLE | D | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | DENTON, EZRA | 6.2 NAME | BP 5/10 |
| STREET ADDRESS | 10628 ARNEZ DR. | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL 32218-1273 | 6.4 CITY-ST-ZIP | |

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:** Elmerita Bergman Elmerita Bergman 2/28/95 904 751-0989
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0028744