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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

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  
JACKSONVILLE FL 32218-5473**

**10415 MONACO DRIVE #6  
JACKSONVILLE FL 32218-5473**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/20/1976</b>		3a. Date of Last Report <b>05/01/1995</b>	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number <b>95-3006958</b>		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24. Country		29. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

## 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. City	
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

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	P
NAME	COWART, HUDSON	1.2 NAME	George Boster
STREET ADDRESS	5202 JUSTILL LANE	1.3 STREET ADDRESS	3404 Trout River Blvd
CITY-ST-ZIP	JACKSONVILLE FL 32218	1.4 CITY-ST-ZIP	Jacksonville, Florida 32208
TITLE	VD	2.1 TITLE	VP
NAME	HOWE, RAYMOND	2.2 NAME	Virginia Kimbrough
STREET ADDRESS	8716 6TH AVE	2.3 STREET ADDRESS	10531 Rutgers Road
CITY-ST-ZIP	JACKSONVILLE FL 32208	2.4 CITY-ST-ZIP	Jacksonville, Florida 32218
TITLE	S	3.1 TITLE	
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	
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	D
NAME	WILHELM, RUBY	5.2 NAME	Randall Holmes
STREET ADDRESS	1327 GAILWOOD CIRCLE N.	5.3 STREET ADDRESS	10968 Wingate Road
CITY-ST-ZIP	JACKSONVILLE FL 32218	5.4 CITY-ST-ZIP	Jacksonville, Florida 32218
TITLE	D	6.1 TITLE	D
NAME	DENTON, EZRA	6.2 NAME	Joseph Kilmer
STREET ADDRESS	10628 ARNEZ DR.	6.3 STREET ADDRESS	3093 Lannie Road
CITY-ST-ZIP	JACKSONVILLE FL 32218-1273	6.4 CITY-ST-ZIP	Jacksonville, Florida 32218

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 199.032(4), 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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 27 1996

904-751-0989

CR2E037 (12/95)