

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 18 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 # **735932** (6)

1. Corporation Name

**UPPER KEYS CHAPTER #2519 OF AMERICAN ASSOCIATION
OF RETIRED PERSONS, INC.**

Principal Place of Business

Mailing Address

% SENIOR CENTER BUILDING GOV. CENTER
88900 US HIGHWAY #1
PLANTATION KEY FL 33070

P.O. BOX 1134
TAVERNIER FL 33070-1134



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

29 30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
05/26/1976

3a. Date of Last Report
02/08/1996

4. FEI Number
NOT APPLICABLE

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

10. Name and Address of New Registered Agent

HASSETT, ALICE
271 JASMINE ST.
TAVERNIER FL 33037

81 Name

Drew, Betty

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

801 La Palma Rd.

83

Key Largo, FL 33037

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 *Betty Drew vice president*

1/21/97

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

(NOT: Registered Agent signature required when relating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME HASSETT, ALICE
STREET ADDRESS 271 JASMINE ST
CITY-ST-ZIP TAVERNIER FL 33070 ☒ DELETE

TITLE VP
NAME DREW, BETTY
STREET ADDRESS 801 LA PALMA RD
CITY-ST-ZIP KEY LARGO FL 33037 ☒ DELETE

TITLE S
NAME WEAVER, MARVIS
STREET ADDRESS 104 TWEEDY RIE TERR.
CITY-ST-ZIP KEY LARGO FL ☒ DELETE

TITLE P
NAME BURNETTE, JEANNE
STREET ADDRESS 229 CUBA RD.
CITY-ST-ZIP TAVERNIER FL ☒ DELETE

TITLE D
NAME LEWIS, THERESA
STREET ADDRESS 151 ATLANTIC AVE
CITY-ST-ZIP TAVERNIER FL 33070 ☒ DELETE

TITLE D
NAME CUTLER, JOAN
STREET ADDRESS 910-S RUBY DR.
CITY-ST-ZIP KEY LARGO FL ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME D Drew, Betty
13 STREET ADDRESS 801 La Palma Rd.
14 CITY-ST-ZIP Key Largo, FL 33037

21 TITLE ☐ Change ☐ Addition
22 NAME D Weaver, Marv's
23 STREET ADDRESS 104 Tweedy Pie Terr.
24 CITY-ST-ZIP Key Largo, FL 33037

31 TITLE ☐ Change ☒ Addition
32 NAME T Steinka, Eva
33 STREET ADDRESS P. O. 462 *(KAD)*
34 CITY-ST-ZIP Key Largo, FL 33037

41 TITLE ☐ Change ☒ Addition
42 NAME D Burnette, Jeanne
43 STREET ADDRESS 229 Cuba Rd.
44 CITY-ST-ZIP Tavernier, FL 33070

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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.

CR2E037 (9/96)