

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 13 PM 3:05

DOCUMENT # 736579 (4)

1. Corporation Name
CORAL SPRINGS CHAPTER #2621 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business Mailing Address
6920 N.W. 10TH COURT MARGATE FL 33063

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/12/1976	3a. Date of Last Report 04/26/1994
4. FEI Number 95-3039480	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 29
Country 25	Zip 30

9. Name and Address of Current Registered Agent

LANE, MARGARET
8903 N.W. 38TH STREET
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 Zip Code **FL**

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 reappointing)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DURFEE, CHARLES H.
STREET ADDRESS	4148 N.W. 90TH AVE., 107
CITY - ST - ZIP	CORAL SPRINGS FL
TITLE	VD
NAME	SCHROEDER, EARL W.
STREET ADDRESS	6920 N.W. 10TH COURT
CITY - ST - ZIP	MARGATE FL
TITLE	VD
NAME	DE LUCA, VINCENT
STREET ADDRESS	9293 SHADOW WOOD DRIVE
CITY - ST - ZIP	CORAL SPRINGS FL
TITLE	VD
NAME	DE LUCA, ROSE
STREET ADDRESS	9293 SHADOW WOOD DRIVE
CITY - ST - ZIP	CORAL SPRINGS FL
TITLE	SD
NAME	CASTELLI, MABEL
STREET ADDRESS	10777 W SAMPLE RD, #218
CITY - ST - ZIP	CORAL SPRINGS, FL 0
TITLE	TD
NAME	SCHROEDER, CAMILLA
STREET ADDRESS	6920 N.W. 10TH COURT
CITY - ST - ZIP	MARGATE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VD
2.3 STREET ADDRESS	Phil Seitz
2.4 CITY - ST - ZIP	4124 N W 88th Ave #207
	Coral Springs FL 33065
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	VD
4.3 STREET ADDRESS	Miriam Shell
4.4 CITY - ST - ZIP	9870 N W 25th Ct.
	Coral Springs FL 33065
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SD
5.3 STREET ADDRESS	Earl W. Schroeder
5.4 CITY - ST - ZIP	6920 N W 10th Ct.
	Margate FL 33063
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Camilla W. Schroeder **Camilla W. Schroeder** 4/1/95 305 974 7136
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone #)