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 FEB 27 PM 8:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 736875 (6)

1. Corporation Name

PORT ST. LUCIE CHAPTER #2696 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business	Mailing Address
PO BOX 7043 2854 SE PACE RD PORT ST. LUCIE FL 34985-7043 US	PO BOX 7043 2854 SE PACE RD PORT ST. LUCIE FL 34985-7043 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/24/1976
3a. Date of Last Report: 04/25/1994
4. FEI Number: 95-3051350 ☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MARTORANA, ANGELO V
2343 SW NAOMI AVE
PORT ST. LUCIE FL 34953

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
300001419363
83 -03/02/95--01062--020
84 City ****130.00 FL ****25.00

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	P	1.1 TITLE	D ☐ Change ☒ Addition
NAME	MARTORANA, ANGELO	1.2 NAME	PETERS, CHARLOTTE
STREET ADDRESS	2343 SW NAOMI DR	1.3 STREET ADDRESS	308 PLACID, N.W.
CITY-ST-ZIP	PORT ST. LUCIE FL	1.4 CITY-ST-ZIP	PORT ST. LUCIE, FL.
TITLE	V	2.1 TITLE	V ☒ Change ☐ Addition
NAME	PETERSON, DONN	2.2 NAME	RUDOLPHO J. GONZALEZ
STREET ADDRESS	984 SW JOHN MACORMICH TERR	2.3 STREET ADDRESS	352 S.W. DUVAL AVE.
CITY-ST-ZIP	PORT ST. LUCIE FL	2.4 CITY-ST-ZIP	PORT ST. LUCIE, FL.
TITLE	S	3.1 TITLE	S ☒ Change ☐ Addition
NAME	KIMSEY, JEAN	3.2 NAME	NORMA G. ALBERT
STREET ADDRESS	2121 NEW YORK ST.	3.3 STREET ADDRESS	389 N.E. GULFSTREAM AVE
CITY-ST-ZIP	PORT ST. LUCIE FL	3.4 CITY-ST-ZIP	PORT ST. LUCIE, FL.
TITLE	T	4.1 TITLE	D ☐ Change ☒ Addition
NAME	PHILIPP, RUBY	4.2 NAME	FERRARO, JOHN
STREET ADDRESS	580 SW DAIRY DR	4.3 STREET ADDRESS	2115 S.E. ADDISON ST.
CITY-ST-ZIP	PORT ST. LUCIE FL	4.4 CITY-ST-ZIP	PORT ST. LUCIE, FL.
TITLE	D	5.1 TITLE	V ☒ Change ☐ Addition
NAME	PHILIPP, WALTER	5.2 NAME	PHILIPP, WALTER
STREET ADDRESS	580 SW DAIRY DR	5.3 STREET ADDRESS	580 S.W. DAIRY DR.
CITY-ST-ZIP	PORT ST. LUCIE FL	5.4 CITY-ST-ZIP	PORT ST. LUCIE, FL.
TITLE	D	6.1 TITLE	D ☐ Change ☒ Addition
NAME	SMITH, ARLENE	6.2 NAME	GALLUCCI, DOMINICK
STREET ADDRESS	211 SW PICES TR	6.3 STREET ADDRESS	126 S. VOLTAIR TERR.
CITY-ST-ZIP	PORT ST. LUCIE FL	6.4 CITY-ST-ZIP	PORT ST. LUCIE, FL.

2/27/95 MB

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ruby Philipp - RUBY PHILIPP, TREAS. 2-3-95 407-878-6759
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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