

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 736875 (6)

1. Corporation Name

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



Principal Place of Business

PO BOX 7043
2854 SE PACE RD
PORT ST. LUCIE FL 34985-7043
US

Mailing Address

PO BOX 7043
2854 SE PACE RD
PORT ST. LUCIE FL 34985-7043
US

3. Date Incorporated or Qualified
09/24/1976

3a. Date of Last Report
02/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

RUDOLPHO J. GONZALEZ

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

352 SW DUVAL AVE.

83

PORT ST LUCIE

84 City

PORT ST. LUCIE

FL

85 Zip Code

34983

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 **Rudolpho J. Gonzalez**

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

(NOTE: Registered Agent signature required when reinstating)

3/7/96

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MARTORANA, ANGELO	
STREET ADDRESS	2343 SW NAOMI DR	
CITY - ST - ZIP	PORT ST. LUCIE FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	GONZALEZ, RUDOLPHO J	
STREET ADDRESS	352 S.W. DUVAL AVE.	
CITY - ST - ZIP	PORT ST. LUCIE FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	ALBERT, NORMA E	
STREET ADDRESS	389 N.E. GULFSTREAM AVE.	
CITY - ST - ZIP	PORT ST. LUCIE FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	PHILIPP, WALTERS	
STREET ADDRESS	580 SW DAIRY DR	
CITY - ST - ZIP	PORT ST. LUCIE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PHILIPP, WALTER	
STREET ADDRESS	580 SW DAIRY DR	
CITY - ST - ZIP	PORT ST. LUCIE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, ARLENE	
STREET ADDRESS	211 SW PICES TR	
CITY - ST - ZIP	PORT ST. LUCIE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RUDOLPHO J. GONZALEZ	
1.3 STREET ADDRESS	352 SW DUVAL AVE.	
1.4 CITY - ST - ZIP	PORT ST LUCIE, FL. 34983	
2.1 TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WALTER PHILLIP	
2.3 STREET ADDRESS	5852 MOSS CT.	
2.4 CITY - ST - ZIP	PORT PIERCE, FL 34982	
3.1 TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WARREN FOSTER	
3.3 STREET ADDRESS	6811 N.W. GARBETT ST.	
3.4 CITY - ST - ZIP	PORT ST. LUCIE, FL 34983	
4.1 TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	PAT HAAS	
4.3 STREET ADDRESS	1510 S.E. MINORCA AVE.	
4.4 CITY - ST - ZIP	PORT ST LUCIE, FL 34983	
5.1 TITLE	ANGEL DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ANGELO MARTORANA	
5.3 STREET ADDRESS	2343 SW NAOMI DR	
5.4 CITY - ST - ZIP	PORT ST LUCIE, FL. 34983	
6.1 TITLE	500001753805	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	-03/22/96--01015--006	
6.3 STREET ADDRESS	***61.25	
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)(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: **Rudolpho J. Gonzalez**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rudolpho J. Gonzalez

Date

3/7/96

Daytime Phone #

407-340-4576

CR2E037 (12/95)

3-21-1996