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Feb 12 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

Mailing Address

PO BOX 7043
2854 SE PACE RD
PORT ST. LUCIE FL 34985-7043
USPO BOX 7043
2854 SE PACE RD
PORT ST. LUCIE FL 34985-7043
US3. Date Incorporated or Qualified
09/24/19763a. Date of Last Report
03/21/19964. FEI Number
95-3051350Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GONZALEZ, RUDOLPHO J
352 SW DUVAL AVE.
PORT ST. LUCIE FL 34983

81 Name

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

83

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME GONZALEZ, RUDOLPHO J
STREET ADDRESS 352 SW DUVAL AVE.
CITY-ST-ZIP PORT ST. LUCIE FL 349831.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE VP
NAME PHILIP, WALTER
STREET ADDRESS 5852 MOSS CT.
CITY-ST-ZIP FT. PIERCE FL 349822.1 TITLE VP
2.2 NAME BARBARA HATFIELD
2.3 STREET ADDRESS 798 N.W. AIROSO BLVD
2.4 CITY-ST-ZIP PORT ST. LUCIE FL 34983TITLE S
NAME FOSTER, WARRREN E
STREET ADDRESS 6811 N.W. GARBETT ST.
CITY-ST-ZIP PORT ST. LUCIE FL 349833.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE T
NAME HAAS, PAT
STREET ADDRESS 1510 S.E. MINORCA AVE.
CITY-ST-ZIP PORT ST. LUCIE FL 349834.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE D
NAME MARTORANA, ANGELO
STREET ADDRESS 2343 SW NAOMI DR.
CITY-ST-ZIP PORT ST. LUCIE FL 349835.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE D
NAME SMITH, ARLENE
STREET ADDRESS 211 SW PICES TR
CITY-ST-ZIP PORT ST. LUCIE FL6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/97

561-340-4576

Date

Daytime Phone # 0071621

CP2E037 (9/96)