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Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

09/24/1976

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

10. Name and Address of New Registered Agent

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

TITLE ☐ DELETE

NAME **P**
GONZALEZ, RUDOLPHO J
STREET ADDRESS **352 SW DUVAL AVE.**
CITY-ST-ZIP **PORT ST. LUCIE FL 34983**

TITLE ☐ DELETE

NAME **VP**
BARBARA HATFIELD
STREET ADDRESS **798 NW AIROSO BLVD**
CITY-ST-ZIP **PORT ST LUCIE FL**

TITLE ☐ DELETE

NAME **S**
FOSTER, WARREN E
STREET ADDRESS **6811 N.W. GARBETT ST.**
CITY-ST-ZIP **PORT ST. LUCIE FL 34983**

TITLE ☐ DELETE

NAME **T**
HAAS, PAT
STREET ADDRESS **1510 S.E. MINORCA AVE.**
CITY-ST-ZIP **PORT ST. LUCIE FL 34983**

TITLE ☐ DELETE

NAME **D**
MARTORANA, ANGELO
STREET ADDRESS **2343 SW NAOMI DR.**
CITY-ST-ZIP **PORT ST. LUCIE FL 34983**

TITLE ☐ DELETE

NAME **D**
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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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:

Rudolph J. Gonzalez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rudolph J. Gonzalez 2/8/98 561-340-4576
Date Daytime Phone # 0072420

CR2E037 (10/97)