

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 737432 (5)

1. Corporation Name

TAMPA - TOWN 'N COUNTRY CHAPTER #2623 OF AMERICA
N ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business

Mailing Address

10245 PARSON STREET
TAMPA FL 33615
US10245 PARSON STREET
TAMPA FL 33615-2623
US3. Date Incorporated or Qualified
12/03/19763a. Date of Last Report
10/21/1996

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

4. FEI Number
NOT APPLICABLEApplied For
Not Applicable5. 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WALTER, CLARA
9108 BRUNWICK LANE
TAMPA FL 33615-4304

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

CLARA WALTER

Clara Walter

2-5-97

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 PD ☒ DELETE
NAME BRYANT, MARIE
STREET ADDRESS 7132 GOOD WAY DRIVE
CITY-ST-ZIP BROOKSVILLE FL 34802-74801.1 TITLE PD ☐ Change ☐ Addition
1.2 NAME BOTCHER, ESTHER
1.3 STREET ADDRESS 10245 PARSONS ST
1.4 CITY-ST-ZIP TAMPA FL 33615-2623TITLE VPD ☒ DELETE
NAME BOTCHER, ESTHER
STREET ADDRESS 10245 PARSON STREET
CITY-ST-ZIP TAMPA FL 336152.1 TITLE VPD ☐ Change ☐ Addition
2.2 NAME GODWIN, RUBY
2.3 STREET ADDRESS 2909 BARCELONA, Apt 615
2.4 CITY-ST-ZIP TAMPA FL 33629TITLE SD ☐ DELETE
NAME MCCABS, NANCY
STREET ADDRESS 8021 SHAW STREET
CITY-ST-ZIP TAMPA FL 336153.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE TD ☐ DELETE
NAME WALTER, CLARA
STREET ADDRESS 9108 BRUNWICK LANE
CITY-ST-ZIP TAMPA FL 336154.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE AT ☒ DELETE
NAME GODIN, RUBY
STREET ADDRESS 4811 N. LOIS AVENUE
CITY-ST-ZIP TAMPA FL 336145.1 TITLE ☐ Change ☐ Addition
5.2 NAME JAMES BOTCHER
5.3 STREET ADDRESS 10245 PARSONS ST
5.4 CITY-ST-ZIP TAMPA FL 33615-2623TITLE CSHD ☐ DELETE
NAME FREEDMAN, EDITH
STREET ADDRESS 10113 PEPPERIDGE CT.
CITY-ST-ZIP TAMPA FL 336156.1 TITLE ☐ Change ☐ 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 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: Esther Botcher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 2-5-97
Daytime Phone # 813-884-1994

CR2E037 (9/96)