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 MAY -1 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **739512** **(2)**

1. Corporation Name

SOUTH JACKSONVILLE CHAPTER #2875 OF AMERICAN ASS OCIATION OF RETIRED PERSONS, INC.

000001483660
-05/11/95--01016--001
***9038.75 ****130.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1620 NALDO AVENUE JACKSONVILLE FL 32207 US	~~4175 SPRING~~ GLEN RD. ~~Lake Worth Dr. E~~ JACKSONVILLE FL 32207 US

3. Date Incorporated or Qualified: 06/29/1977
3a. Date of Last Report: 05/01/1994
4. FEI Number: 95-3130639 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 — Country — 25: DUVAL

2a. Mailing Address — 26: 4175 SPRIN GLEN RD.
Suite, Apt. #, etc. — 27
City & State — 28: JACKSONVILLE FL
Zip — 29: 32207 — Country — 30: DUVAL

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

9. Name and Address of Current Registered Agent

~~BROWN, MILDRED~~
~~4392 WORTH DRIVE, EAST~~
~~JACKSONVILLE FL 32207~~

10. Name and Address of New Registered Agent

81 Name: MEL C. SNEAD
82 Street Address (P.O. Box Number is Not Acceptable): 4175 SPRING GLEN RD.
83
84 City: JACKSONVILLE FL 85 Zip Code: 32207

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: Mel C. Snead MEL C. SNEAD, PRESIDENT DATE: 3/5/95
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	~~PD~~	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	~~BROWN, MILDRED b~~	1.2 NAME	MEL C, SNEAD	
STREET ADDRESS	4392 WORTH DR. E.	1.3 STREET ADDRESS	4175 SPRING GLEN RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32207	1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE	~~V~~	2.1 TITLE	V	☒ Change ☐ Addition
NAME	~~TYGART, SILAS T~~	2.2 NAME	MARTHA GILLIATT	
STREET ADDRESS	~~1272 NORWICH ROAD~~	2.3 STREET ADDRESS	501 N. OCEAN ST. #1701	
CITY-ST-ZIP	~~JACKSONVILLE FL 32207~~	2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32202	
TITLE	~~S~~	3.1 TITLE	S	☒ Change ☐ Addition
NAME	~~EASON, JUANITA G~~ ~~ELEANOR SNEAD~~	3.2 NAME	ELEANOR G. SNEAD	
STREET ADDRESS	~~2468 SARAGOSA AVENUE~~ ~~4175 SPRING GLEN RD.~~	3.3 STREET ADDRESS	4175 SPRING GLEN RD.	
CITY-ST-ZIP	~~JACKSONVILLE FL 32217~~ ~~JACK~~	3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE	~~T~~	4.1 TITLE	T	☒ Change ☐ Addition
NAME	~~RICHMOND, PAUL~~	4.2 NAME	MILDRED BROWN	
STREET ADDRESS	~~1600 SAN MARCO PLACE~~	4.3 STREET ADDRESS	4392 WORTH DR., E.	
CITY-ST-ZIP	~~JACKSONVILLE FL 32207~~	4.4 CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE	~~D~~	5.1 TITLE	D	☒ Change ☐ Addition
NAME	~~EASON, JUANITA G~~	5.2 NAME	DORIS COLBERT	
STREET ADDRESS	~~2468 SARAGOSA AVENUE~~	5.3 STREET ADDRESS	2918 ELISA DRIVE, E.	
CITY-ST-ZIP	~~JACKSONVILLE FL~~	5.4 CITY-ST-ZIP	JACKSONVILLE, FL 32216	
TITLE	~~D~~	6.1 TITLE	D	☒ Change ☐ Addition
NAME	~~CRUCE, AGNES~~	6.2 NAME	GERALDINE HARDWICK	
STREET ADDRESS	~~7444 POTTSBURG DRIVE~~	6.3 STREET ADDRESS	3521 ST. NICHOLAS AVE.	
CITY-ST-ZIP	~~JACKSONVILLE FL~~	6.4 CITY-ST-ZIP	JACKSONVILLE, FL 32207	

$87.50

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: Mel C. Snead MEL C. SNEAD, PRESIDENT, 3-5-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

Daytime Phone # 904-737-9576

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