

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 739512 (2)

1. Corporation Name

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



Principal Place of Business

Mailing Address

1620 NALDO AVENUE
JACKSONVILLE FL 32207
US

4175 SPRING GLEN RD
JACKSONVILLE FL 32207
US

3. Date Incorporated or Qualified
06/29/1977

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 3118 KINGS AVENUE

26 Suite, Apt. #, etc.

22 JACKSONVILLE, FL

27 City & State

23 32207

28 Zip

24 DUVAL

29 Country

30 Country

4. FEI Number
95-3130839

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SNEAD, MEL C
4175 SPRING GLEN RD
JACKSONVILLE FL 32207

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

Mel C. Sned, President

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME SNEAD, MEL C
STREET ADDRESS 4175 SPRING GLEN RD
CITY - ST - ZIP JACKSONVILLE FL 32207

TITLE V ☒ DELETE
NAME GILLIATT, MARTHA
STREET ADDRESS 501 N. OCEAN ST. 31701
CITY - ST - ZIP JACKSONVILLE FL 32202

TITLE S ☐ DELETE
NAME SNEAD, ELEANOR G
STREET ADDRESS 4175 SPRING GLEN RD
CITY - ST - ZIP JACKSONVILLE FL 32207

TITLE T ☒ DELETE
NAME BROWN, MILDRED
STREET ADDRESS 4392 WORTH DR, E.
CITY - ST - ZIP JACKSONVILLE FL 32207

TITLE D ☐ DELETE
NAME COLBERT, DORIS
STREET ADDRESS 2918 ELISA DRIVE, E.
CITY - ST - ZIP JACKSONVILLE FL 32216

TITLE D ☐ DELETE
NAME HARDWICK, GERALDINE
STREET ADDRESS 3521 ST. NICHOLAS AVE
CITY - ST - ZIP JACKSONVILLE FL 32207

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

V
SILAS TYGART
1272 NORWICH AVE.

JACKSONVILLE, FL 32207

T
PAUL RICHMOND
1804 SAN MARCO AVE.
JACKSONVILLE, FL 32207

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. Sned
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-96
Date

904-737-4586
Daytime Phone #

CR2E037 (12/95)