$130.75

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 MAR 15 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 739745 (8)

1. Corporation Name

SARASOTA SOUTHEAST CHAPTER #2931 OF AMERICAN ASS OCIATION OF RETIRED PERSONS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
BEE RD OLD RIDGE ROAD SARASOTA FL 34239 US	3909 COUNTRY VIEW DR 3909 COUNTRY VIEW DRIVE SARASOTA FL 34233-129 US

3. Date Incorporated or Qualified: 07/27/1977
3a. Date of Last Report: 04/22/1994
4. FEI Number: 95-3139384 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 INCARNATION CHURCH HALL	26 MACKENSIE, ROSE
Suite, Apt. #, etc. 22 2901 Bee Ridge Rd.	Suite, Apt. #, etc. 27 285 Charley Ct. N.
City & State 23 SARASOTA, FL.	City & State 28 SARASOTA, FL.
Zip / Country 24 34239 / 25 SARASOTA	Zip / Country 29 34232 / 30 SARASOTA

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	10. Name and Address of New Registered Agent
TRINGALI, MATTHEW L. 3909 COUNTRY VIEW DR. SARASOTA FL 34233-4129	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 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: Matthew L Tringali — Mark 01 1995
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	VD	1.1 TITLE		☒ Change ☐ Addition
NAME	THOMPSON, JOSEPH C.	1.2 NAME		34
STREET ADDRESS	6993 EASTON COURT	1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 35	1.4 CITY-ST-ZIP		34238
TITLE	D	2.1 TITLE		☒ Change ☐ Addition
NAME	DELBENE, DONALD J	2.2 NAME		34
STREET ADDRESS	2567 GLEBE FARM CLOSE	2.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 30	2.4 CITY-ST-ZIP		34231
TITLE	PD	3.1 TITLE	PD f/Sprutta	☒ Change ☐ Addition
NAME	MACKENSIE, ROSE	3.2 NAME		34
STREET ADDRESS	285 CHARLEY CT. N.	3.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 30	3.4 CITY-ST-ZIP		34232
TITLE	TD	4.1 TITLE		☒ Change ☐ Addition
NAME	BERRY, CHRISTEL	4.2 NAME		34
STREET ADDRESS	2721 AUSTIN STREET	4.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 03	4.4 CITY-ST-ZIP		34231
TITLE	D	5.1 TITLE	VD	☒ Change ☐ Addition
NAME	TRINGALI, MATTHEW	5.2 NAME	TRINGALI, MATTHEW L.	34
STREET ADDRESS	3909 COUNTRYVIEW DR.	5.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 29	5.4 CITY-ST-ZIP		34233
TITLE	SD	6.1 TITLE	D	☒ Change ☐ Addition
NAME	LOPATCH, MATTIE	6.2 NAME	MADEY, HENRY	228
STREET ADDRESS	2919 PONY LANE	6.3 STREET ADDRESS	5949 ESSEX Lane	
CITY-ST-ZIP	SARASOTA FL 02	6.4 CITY-ST-ZIP	SARASOTA, FL.	34233

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)(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: Matthew L Tringali — MATTHEW L TRINGALI, 3-1-95 — (813) 924-0724
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0083489