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Feb 18 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 739745 (8)

1. Corporation Name

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

Principal Place of Business

Mailing Address

INCARNATION CHURCH HALL
2901 BEE RIDGE ROAD
SARASOTA FL 34239
US% NORMAN M. DAVIS JR.
1501 N ORANGE AVENUE
SARASOTA FL 34236-2631
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 25 SARASOTA

29 30 SARASOTA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/27/1977

3a. Date of Last Report

03/13/1996

4. FEI Number

95-3139384

Applied For

Not Applicable

5. 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

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 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

Matthew L. Tringali, V.P.

(NOTE: Registered Agent signature required when reinstating)

2/12/97
DATE

12. OFFICERS AND DIRECTORS

TITLE VD ☐ DELETE
NAME THOMPSON, JOSEPH C.
STREET ADDRESS 6993 EASTON COURT → 123 OAKHILL DR.
CITY-ST-ZIP SARASOTA FL 34237TITLE D ☒ DELETE
NAME WARREN SILVER, IRENE A.
STREET ADDRESS 3834 MIRALAGO DRIVE
CITY-ST-ZIP SARASOTA FLTITLE D ☐ DELETE
NAME GODLESKI, DR. STANLEY
STREET ADDRESS 6300 MIDNIGHT PASS ROAD
CITY-ST-ZIP SARASOTA FL 34242TITLE TD ☐ DELETE
NAME BERRY, CHRISTEL
STREET ADDRESS 2721 AUSTIN STREET
CITY-ST-ZIP SARASOTA FL 34231TITLE VD ☐ DELETE
NAME TRINGALI, MATTHEW L.
STREET ADDRESS 3909 COUNTRYVIEW DR.
CITY-ST-ZIP SARASOTA FL 34233-4129TITLE S ☒ DELETE
NAME SCHAFER, DIANE
STREET ADDRESS 1125 LONGFELLOW WAY
CITY-ST-ZIP SARASOTA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SD ☐ Change ☒ Addition
1.2 NAME Pam, Linda
1.3 STREET ADDRESS 101 S. Gulf Stream Rd.
1.4 CITY-ST-ZIP SARASOTA, FL 342362.1 TITLE D ☐ Change ☒ Addition
2.2 NAME Polidoro, Cathy
2.3 STREET ADDRESS 3251 Beneva Rd.
2.4 CITY-ST-ZIP SARASOTA FL 342323.1 TITLE P ☐ Change ☒ Addition
3.2 NAME DAVIS, NORMAN
3.3 STREET ADDRESS 1501 N. ORANGE AVE
3.4 CITY-ST-ZIP SARASOTA, FL 34236-26314.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 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:

Matthew L. Tringali, V.P.

Feb 14 1997

(941) 924-6729

CR2E037 (9/96)