SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. **APPROVED** AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.) **NONPROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT 1996 SEP -3 AM 8: 58 Secretary of State DIVISION OF CORPORATIONS 1996 SECRETARY OF STATE TALLAHASSEE, FLORIDA 740261 (3)DOCUMENT # DESOTO-COUNTY CHAPTER #2966 OF AMERICAN ASSOCIAT ION OF RETIRED PERSONS, INC. Principal Place of Business Mailino Address 23 N POLK 23 N POLK ARCADIA FL 33821 ARCADIA FL 33821 3. Date Incorporated or Qualified 3a. Date of Last Report 09/27/1977 04/26/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 94-2432086 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zip Country 7ın Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 Florida Statutes Yes No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 61 BRESAW, DORA Street Address (P.O. Box Number is Not Acceptable) 23 N POLK ST ARCADIA FL 33821 83 84 City 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 Signature, typed or printed name of registered agent and title it applyed INOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 988 DELETE TITLE Lice Sciet Po 1.1 TITLE BRESAW, DORA you xihe H Claye NAME 1.2 NAME **CR2E037** Sa Clever No. 23 N POLK ST STREET ADDRESS 1.3 STREET ADDRESS ARCADIA FL CITY-ST-ZIP 14 City-St-ZiP **VPD** TITLE DELETE 21 TITLE 1 leveling VICTOR, MARY 22 NAME 23 N POLK ST STREET ADDRESS 2.3 STREET ADDRESS arcadia fl CITY - ST - ZIP 2 4 CITY - ST - ZIP DELETE TITLE 3 1 TITLE **COLLINS, MERRY JAYNE** NAME 3.2 NAME 23 N POLK ST STREET ADDRESS 3.3 STREET ADDRESS ARCADIA FL CITY-ST-ZIP 3 4. CITY - ST- ZIP TITLE DELETE 4.1 TITLE HUGHES, EMILY Hitimic 1 " NAME 4 2 NAME 23 N POLK ST STREET ADORESS 4.3 STREET ADDRESS ARCADIA FL CITY-ST-ZIP 44 CITY-ST-ZIP TITLE DELETE 5.1 TiTLE LANIER, PHYLIS NAME 5.2 NAME 23 N POLK ST STREET ADDRESS 5.3 STREET ADDRESS ARCADIA FL CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 61 TITLE -Addition

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.

6 2 NAME

6 3 STREET ADDRESS

6.4 CITY - ST - ZIP

HUGHES, JAMES Y

23 N POLK ST

ARCADIA FL

NAME

STREET ADDRESS

CITY - ST - ZIP

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR Date Date Destine Proce &