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Apr 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **740261** (3)

1. Corporation Name

DESOTO-COUNTY CHAPTER #2966 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business

**23 N POLK
ARCADIA FL 33821
US**

Mailing Address

**23 N POLK
ARCADIA FL 34266-3953
US**

3. Date Incorporated or Qualified
09/27/1977

3a. Date of Last Report
09/03/1996

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

94-2432086

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

23

City & State

28

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

Country

24

Zip

Country

29

Zip

Country

30

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

**CRAPO, MAXINE A
1768 S.W. CLOVER DR.
ARCADIA FL 33821**

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 *Maxine A. Crapo*

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 **TD**
NAME **CRAPO, MAXINE A**
STREET ADDRESS **1768 S.W. CLOVER DR.**
CITY-ST-ZIP **ARCADIA FL 33821**

TITLE **VPD**
NAME **VICTOR, MARY**
STREET ADDRESS **1978 N.E. FLORIDIAN CIRCLE**
CITY-ST-ZIP **ARCADIA FL 33821**

TITLE **PD**
NAME **COLLINS, MERRY JAYNE**
STREET ADDRESS **P.O. BOX 1747 N/A**
CITY-ST-ZIP **ARCADIA FL 33821**

TITLE **D**
NAME **FARINA, MINNIE**
STREET ADDRESS **1566 FLORIDIAN CIRCLE**
CITY-ST-ZIP **ARCADIA FL 33821**

TITLE **D**
NAME **LANIER, PHYLIS**
STREET ADDRESS **7110 S.W. ODGEN RD.**
CITY-ST-ZIP **ARCADIA FL 33821**

TITLE **D**
NAME **FARINA, SALVATORE**
STREET ADDRESS **1566 FLORIDIAN CIRCLE**
CITY-ST-ZIP **ARCADIA FL 33821**

1.1 TITLE **TD**
1.2 NAME **Crapo, Maxine A**
1.3 STREET ADDRESS **1768 SW Clover Dr**
1.4 CITY-ST-ZIP **Arcadia FL 34266**

2.1 TITLE **President**
2.2 NAME **Victor, Mary**
2.3 STREET ADDRESS **1978 NE Floridian Circle**
2.4 CITY-ST-ZIP **Arcadia, FL 34266**

3.1 TITLE **D**
3.2 NAME **Collins, Merry Jayne**
3.3 STREET ADDRESS **PO Box 1747 N/A**
3.4 CITY-ST-ZIP **Arcadia FL 34265**

4.1 TITLE **D**
4.2 NAME **Farina, Minnie**
4.3 STREET ADDRESS **1566 Floridian Circle**
4.4 CITY-ST-ZIP **Arcadia FL 34266**

5.1 TITLE **D**
5.2 NAME **Lanier, Phylis**
5.3 STREET ADDRESS **7110 SW Ogden Rd**
5.4 CITY-ST-ZIP **Arcadia FL 34266**

6.1 TITLE **D**
6.2 NAME **Farina, Salvatore**
6.3 STREET ADDRESS **1566 Floridian Circle**
6.4 CITY-ST-ZIP **Arcadia FL 34266**

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 *Maxine A. Crapo*

CR2E037 (9/96)