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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -1 PM 12:10

DOCUMENT # 740325 (6)

1. Corporation Name

BROOKSVILLE, FLORIDA CHAPTER #2975 OF AMERICAN A SSOCIATION OF RETIRED PERSONS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
%CHRIST LUTHERAN CHURCH 475 N. AVE. W. BROOKSVILLE FL 34601	900 N. BROAD ST. 4259 BROOKSVILLE FL 34601

3. Date Incorporated or Qualified: 10/05/1977
3a. Date of Last Report: 05/01/1994
4. FEI Number: 95-3156396 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26 1321 CANDLELIGHT BLVD.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 BROOKSVILLE, FLORIDA
Zip 24 / Country 25	Zip 29 34601 / Country 30 HERNANDO

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

PERRY, THOMAS
7296 ASHBROOK DR
BROOKSVILLE FL 34601

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE		☐ Change ☐ Addition
NAME	STRAIT, ELISABETH	1.2 NAME		
STREET ADDRESS	200 DRYDEN PLACE, APT 38	1.3 STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE FL	1.4 CITY-ST-ZIP		
TITLE	V	2.1 TITLE	V	☑ Change ☐ Addition
NAME	PERRY, THOMAS	2.2 NAME	SCHMOKEL ROBERT	
STREET ADDRESS	7296 ASHBROOK DR	2.3 STREET ADDRESS	900 N. BROAD ST	
CITY-ST-ZIP	BROOKSVILLE FL	2.4 CITY-ST-ZIP	BROOKSVILLE, FL. 34601	
TITLE	T	3.1 TITLE		☐ Change ☐ Addition
NAME	ABBOTT, CAROLYN	3.2 NAME		
STREET ADDRESS	1321 CANDLELIGHT BLVD	3.3 STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	SCOTT, EILEEN	4.2 NAME		
STREET ADDRESS	965 CANDLELIGHT BLVD	4.3 STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	WINKLER, RUTH	5.2 NAME		
STREET ADDRESS	28264 WILDLIFE LN	5.3 STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	D	☑ Change ☐ Addition
NAME	MILLER, KENNETH	6.2 NAME	PERRY, THOMAS	
STREET ADDRESS	90043 N US 41	6.3 STREET ADDRESS	7296 ASHBROOK DR	
CITY-ST-ZIP	BROOKSVILLE FL	6.4 CITY-ST-ZIP	BROOKSVILLE, FL. 34601	
			2YEAR	

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: Carolyn S. Abbott CAROLYN S. ABBOTT 1-26-95 904-799-8757
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0088716