

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 740325 (6)
1. Corporation Name
BROOKSVILLE, FLORIDA CHAPTER #2975 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.



Principal Place of Business %CHRIST LUTHERAN CHURCH 475 N. AVE. W. BROOKSVILLE FL 34601	Mailing Address 1321 CANDLELIGHT BLVD. BROOKSVILLE FL 34601 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/05/1977		3a. Date of Last Report 02/01/1995	
21		26		4. FEI Number 95-3156396		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
23		28					
Zip	Country	Zip	Country				
24		25					
29		30					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PERRY, THOMAS 7296 ASHBROOK DR BROOKSVILLE FL 34601				81	Name PERRY, THOMAS		
				82	Street Address (P.O. Box Number is Not Acceptable) 7296 ASHBROOK DR.		
				83	BROOKSVILLE		
				84	City	BROOKSVILLE	FL

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 *Thomas Perry* (NOTE: Registered Agent signature required when reinstating) *January 1996* DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STRAIT, ELISABETH			1.2 NAME	SCHMOKEL, ROBERT		
STREET ADDRESS	200 DRYDEN PLACE, APT 38			1.3 STREET ADDRESS	400 N. BROAD ST.		
CITY-ST-ZIP	BROOKSVILLE FL			1.4 CITY-ST-ZIP	BROOKSVILLE, FL. 34601		
TITLE	V	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHMOKEL, ROBERT			2.2 NAME	JONE, IRIS		
STREET ADDRESS	900 N. BROAD ST.			2.3 STREET ADDRESS	900 N. BROAD ST.		
CITY-ST-ZIP	BROOKSVILLE FL			2.4 CITY-ST-ZIP	BROOKSVILLE, FL. 34601		
TITLE	T	<input type="checkbox"/> DELETE		3.1 TITLE	TREASURER	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ABBOTT, CAROLYN			3.2 NAME	ABBOTT, CAROLYN		
STREET ADDRESS	1321 CANDLELIGHT BLVD			3.3 STREET ADDRESS	1321 CANDLELIGHT BLVD.		
CITY-ST-ZIP	BROOKSVILLE FL			3.4 CITY-ST-ZIP	BROOKSVILLE, FL. 34601		
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCOTT, EILEEN			4.2 NAME	SCHMOKEL, LUCILLE		
STREET ADDRESS	965 CANDLELIGHT BLVD			4.3 STREET ADDRESS	900 N. BROAD ST.		
CITY-ST-ZIP	BROOKSVILLE FL			4.4 CITY-ST-ZIP	BROOKSVILLE, FL. 34601		
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WINKLER, RUTH			5.2 NAME	MILLER, KENNETH		
STREET ADDRESS	28264 WILDLIFE LN			5.3 STREET ADDRESS	900 N. BROAD ST.		
CITY-ST-ZIP	BROOKSVILLE FL			5.4 CITY-ST-ZIP	BROOKSVILLE, FL. 34601		
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	DIRECTOR	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	THOMAS, PERRY			6.2 NAME	PERRY, THOMAS		
STREET ADDRESS	7296 ASHBROOK DRIVE			6.3 STREET ADDRESS	7296 ASHBROOK DR.		
CITY-ST-ZIP	BROOKSVILLE FL			6.4 CITY-ST-ZIP	BROOKSVILLE, FL. 34601		

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.

SIGNATURE: *Carolyn S. Abbott* (CAROLYN S. ABBOTT) 1-22-96 352-799-8759
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)