FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FILED
FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 27 AM 10:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 740339 (7)

1. Corporation Name

NORTH PALM BEACH COUNTY CHAPTER #2976 OF AMERICA
N ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business	Mailing Address
N. Palm Bch Village Hall ~~807 MARINA DRIVE #109~~ POST OFFICE BOX 14012 NORTH PALM BEACH FL 33408 US	~~807 MARINA DRIVE #109~~ POST OFFICE BOX 14012 NORTH PALM BEACH FL 33408 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/05/1977
3a. Date of Last Report: 04/19/1994
4. FEI Number: 95-3158396 ☐ Applied For ☐ Not Applicable
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

2. Principal Place of Business	2a. Mailing Address
21 N. Palm Bch. Village Hall	26 PO Box 14012
22 Suite, Apt. #, etc.	27 N. Palm Bch, FL 33408
23 City & State: N. Palm Beach, FL	28 City & State
24 Zip: 33408 25 Country: U.S.	29 Zip 30 Country: US

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HUNDEMANN, ROBERT J. 414 FLOTILLA ROAD NORTH PALM BEACH 33408	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	TD	11 TITLE	☐ Change ☐ Addition
NAME	GLASCOCK, BETTE	12 NAME	
STREET ADDRESS	250 CYPRESS POINT DR	13 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GARDENS FL	14 CITY-ST-ZIP	
TITLE	~~PD~~	21 TITLE	PRES. DIRECTOR ☒ Change ☐ Addition
NAME	GOLSON, RETA	22 NAME	ELEANOR BRENNER
STREET ADDRESS	907 MARINA DRIVE #109	23 STREET ADDRESS	711 W. KALMIA DR.
CITY-ST-ZIP	N PALM BCH FL	24 CITY-ST-ZIP	LAKE PARK, FL 33403
TITLE	~~VD~~	31 TITLE	VICE PRES. ☒ Change ☐ Addition
NAME	BRENNER, ELEANOR	32 NAME	MANNY GRINN
STREET ADDRESS	711 W. KALMIA DRIVE	33 STREET ADDRESS	536 GREENWAY DR
CITY-ST-ZIP	LAKE PARK FL	34 CITY-ST-ZIP	NORTH PALM BEACH, FL 33408
TITLE	SD	41 TITLE	☐ Change ☐ Addition
NAME	COSTINETT, CARMEN	42 NAME	
STREET ADDRESS	4400 FUSHIA CIRCLE S.	43 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH BEACH GARDENS FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	HUNDEMANN, ROBERT	52 NAME	
STREET ADDRESS	414 FLOTILLA ROAD	53 STREET ADDRESS	
CITY-ST-ZIP	NORTH PALM BEACH FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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 added, above with an address.

SIGNATURE: Bette B. Glascock 4/24/95 (407) 625-9547
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0048102