FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

NEW SMYRNA BEACH-EDGEWATER CHAPTER #3037 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

ICAN ASSOCIATION OF RETIRED PERSONS, INC.					
Principal Place	of Business	Mailing Address		1 188111 18811 81919 11911 99191 11811	1811 GIBII GIBII GIGII BIGIF GIBII AIDII 1891
P.O. BOX NO. 1871 New Smyrna Beach Fl 32170		P.O. BOX NO. 1871 NEW SMYRNA BEACH FL 32170			
				3. Date Incorporated or Qualified 03/16/1978	3a. Date of Last Report 02/13/1995
	ace of Business	2a. Mailing Address		4. FEI Number 95-3208632	Applied For
Suite, Apt.	th oto	Suite, Apt. #, etc.		83 3200032	Not Applicable \$8.75 Additional
22	#, 0 10.	27		Certificate of Status Desired	Fee Required
City & State	9	City & State		Election Campaign Financing Trust Fund Contribution	S \$5.00 May Be Added to Fees
Zıp	Country	Zip	Country	8. This corporation has liability for it	ntangible tax under s. 199.032, ☐ Yes XVo
24	9. Name and Address of Curren		10	Fiorida Statutes L 10. Name and Address of New Re	
	9. Name and Address of Correct	r negistered Agent	81 Name	10. Hallo Bild Addides of Holl IV	ogistorea Agont
TRUDO, RICHARD K 204 ROBINSON RD			Address (P.O. Box Number is Not Acceptable	e)	
	MYRNA BCH FL 32169		83	a gray and a second sec	
HEN ON	MINA BOTT E 02 103		84 City		85 Zip Code
					- FL `` '
11. Pursuant t or register familiar wi	to the provisions of Sections 617.0502 red agent, or both, in the State of Floric ith, and accept the epilgations of, Secti	and 617.1508, Florida Statutes, la. Such change was authorized i pn 617.1503, Florida Statutes.	the above-named co by the corporation's	rporation submits this statement for the pur- board of directors. I hereby accept the appo	oritment as registered agent. I am
SIGNATURE	المار المفاضق	1//1/1/1/		2	16 96
40	Signature, typied ordrinted name of registered agent OFFICERS ANI		Registered Agent signature re	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
12. TILLE	PD OFFICERS AND	DELETE	1.1 TITLE		Change Addition
NAME	DAHLGREN, ALLAN JR.	<u></u>	1.2 NAME	0M/T20000174	
STREET ADDRESS	800 1ST AVENUE		1.3 STREET ADDRESS	-03/19/96010	
CITY - ST - ZIP	NEW SMYRNA BEACH FL		1.4 CITY - ST - ZIP	***61.25	
TITLE	VD VD	DELETE	2.1 TITLE	OMIT	☑ Change ☐ Addition
NAME	RODGERS, CHARLELS		2.2 NAME		
STREET ADDRESS	335 N. CAUSEWAY		2 3 STREET ADDRESS		
City-St-ZiP	NEW SMYRNA BEACH FL	DELETE	2.4 CITY-ST-ZIP 31 TITLE P D	PRESIDENT	Change Addition
TITLE	TD TRUDO, RICHARD K	Пошен	32 NAME	TRUDO, RICHARD K.	South Through
NAME STREET ADDRESS	204 ROBINSON ROAD		33 STREET ADDRESS	204 ROBINSON ROAD	
CITY-ST-ZIP	NEW SMYRNA BEACH FL		3 4. CITY - ST - ZIP	NEW SMYRNA BEACH	FL 32169
TITLE	VD	DELETE	41 TITLE V D	2ND VICE PRESIDE	Change
NAME	DODD, THOMAS		4. 2 NAME	DODO, THOMAS	AV #345
STREE1 ADDRESS	2700 N PENSACOLA AVE #3	145	4.3 STREET ADORESS	2700 N. PENINSULA	
CHTY-\$1-ZIP	NEW SMYRAN BEACH FL		4.4 CITY-ST-ZIP	NEW SMYRNA BEACH	
TITLE		DELETE	5.1 TITLE V D	VICE PRESIDENT	☐ Change ☐ Addition
NAME			5.2 NAME	SINICKI, ANTHONY 3/22 ROYAL PALM DR	IVE
STREET ADDRESS			5.3 STREET ADORESS	FOGEWATER, FL. 3	
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE T 0	TREASURER	☐ Change ☐ Addition
NAME		- Section	6.2 NAME	DAREEN M. COLLIN	5
STREET ADDRESS			63 STREET ADDRESS	4640 SAXON DRIVE	
SINCE ADDRESS	İ		6.4 CHY, ST. 7IP	NEW SMYRHA BEAC	

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.