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Mar 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **742019** (3)

1. Corporation Name

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

Principal Place of Business

Mailing Address

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 03/18/1996
4. FEI Number 95-3208632	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TRUDO, RICHARD K
204 ROBINSON RD
NEW SMYRNA BCH FL 32169

81 Name SINICKI, ANTHONY
82 Street Address (P.O. Box Number is Not Acceptable) 3122 ROYAL PALM DRIVE
83
84 City EDGEWATER FL 85 Zip Code 32141

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 *Anthony Sinicki* (NOTE: Registered Agent signature required when reinstating) DATE **2-2-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TRUDO, RICHARD		1.2 NAME SINICKI, ANTHONY	
STREET ADDRESS 204 ROBINSON ROAD		1.3 STREET ADDRESS 3122 ROYAL PALM DRIVE	
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169		1.4 CITY-ST-ZIP EDGEWATER FL 32141	
TITLE VD	<input type="checkbox"/> DELETE	2.1 TITLE VICE PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DODD, THOMAS		2.2 NAME TRUDO, RICHARD	
STREET ADDRESS 2700 N. PENINSULA AV #345		2.3 STREET ADDRESS 204 ROBINSON ROAD	
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169		2.4 CITY-ST-ZIP NEW SMYRNA BEACH FL 32169	
TITLE VD	<input type="checkbox"/> DELETE	3.1 TITLE VICE PRES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SINICKI, ANTHONY		3.2 NAME BECKER, ETHEL	
STREET ADDRESS 3122 ROYAL PALM DRIVE		3.3 STREET ADDRESS 73 AQUA CT.	
CITY-ST-ZIP EDGEWATER FL 32141		3.4 CITY-ST-ZIP NEW SMYRNA BEACH FL 32169	
TITLE TD	<input type="checkbox"/> DELETE	4.1 TITLE TREAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COLLINS, DOREEN M		4.2 NAME COLLINS, DOREEN M.	
STREET ADDRESS 4840 SAXON DRIVE		4.3 STREET ADDRESS 4640 SAXON DRIVE	
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169		4.4 CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *Doreen M. Collins* **2/2/97** **428-5385**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0077324

CR2E037 (9/96)