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SECRETARY OF STATE
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CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # 742588 (7)
1. Corporation Name
DIXIE COUNTY CHAPTER #3033 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business Mailing Address
% JIMMIE MILLER RT. 3, BOX 599 OLDTOWN FL 32680
% JIMMIE MILLER RT. 3, BOX 599 OLDTOWN FL 32680

3. Date Incorporated or Qualified 04/27/1978 3a. Date of Last Report 05/01/1994
4. FEI Number 95-3221342 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 Suits, Apt. #, etc. 26 Suits, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent
MILLER, JIMMIE L.
RT. 3, BOX 599
OLD TOWN FL 32680

10. Name and Address of New Registered Agent
81 Name Sylvia Plummer
82 Street Address (P.O. Box Number is Not Acceptable) ~~Box 1004~~ 510 Leon St
83 Cross City, Fla 32628
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 *Sylvia Plummer* SYLVIA PLUMMER 1-6, 1995
NOTE: Registered Agent signature required when resigning.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME SANDERS, VELMA	1.1 TITLE	P.D Sanders, Velma
STREET ADDRESS P.O. BOX 442 N/A	CITY - ST - ZIP CROSS CITY FL 32628	1.2 NAME	P.O. Box 442 N/A
TITLE VD	NAME GRAHAM, MARIETTA	1.3 STREET ADDRESS	Cross City, Fla. 32628
STREET ADDRESS P.O. BOX 1716 N/A	CITY - ST - ZIP CROSS CITY FL 32628	1.4 CITY - ST - ZIP	
TITLE TD	NAME ROBERTS, WILMA	2.1 TITLE	VD
STREET ADDRESS P.O. BOX 391 N/A	CITY - ST - ZIP CROSS CITY FL 32628	2.2 NAME	Graham Maryetta
TITLE D	NAME MILLER, JIMMIE L.	2.3 STREET ADDRESS	P.O. Box 1716 N/A
STREET ADDRESS RT. 3, BOX 599	CITY - ST - ZIP OLD TOWN FL 32680	2.4 CITY - ST - ZIP	Cross City Fla 32628
TITLE D	NAME HAMILTON, ELIZABETH	3.1 TITLE	T.D Plummer
STREET ADDRESS HIGHWAY 349, P.O. BOX 1404 N/A	CITY - ST - ZIP OLDTOWN FL 32680	3.2 NAME	Sylvia Plummer
TITLE D	NAME GRAHAM, MARIETTA	3.3 STREET ADDRESS	Leon St. 510 Box 1004
STREET ADDRESS P.O. BOX 1716 LOG LANDING RD N/A	CITY - ST - ZIP CROSS CITY FL 32628	3.4 CITY - ST - ZIP	Cross City, Fla. 32628
TITLE D	NAME HAMILTON, ELIZABETH	4.1 TITLE	Plamiton, Elizabeth
STREET ADDRESS HIGHWAY 349, P.O. BOX 1404 N/A	CITY - ST - ZIP OLDTOWN FL 32680	4.2 NAME	Highway 349, P.O. Box 1404 n/a
TITLE D	NAME GRAHAM, MARIETTA	4.3 STREET ADDRESS	Old Town, Fla. 32680
STREET ADDRESS P.O. BOX 1716 LOG LANDING RD N/A	CITY - ST - ZIP CROSS CITY FL 32628	4.4 CITY - ST - ZIP	
TITLE D	NAME KILES, KENNETH	5.1 TITLE	D Kenneth Kiles
STREET ADDRESS HIGHWAY 349, P.O. BOX 1404 N/A	CITY - ST - ZIP OLDTOWN FL 32680	5.2 NAME	Calo Sec. Chair
TITLE D	NAME GRAHAM, MARIETTA	5.3 STREET ADDRESS	Hwy 349 n.w. 4th place
STREET ADDRESS P.O. BOX 1716 LOG LANDING RD N/A	CITY - ST - ZIP CROSS CITY FL 32628	5.4 CITY - ST - ZIP	Old Town, Fla. 32680
TITLE D	NAME KILES, KENNETH	6.1 TITLE	D. Kiles
STREET ADDRESS HIGHWAY 349, P.O. BOX 1404 N/A	CITY - ST - ZIP OLDTOWN FL 32680	6.2 NAME	Calo Sec. Chair
TITLE D	NAME GRAHAM, MARIETTA	6.3 STREET ADDRESS	Hwy 349 n.w. 4th place
STREET ADDRESS P.O. BOX 1716 LOG LANDING RD N/A	CITY - ST - ZIP CROSS CITY FL 32628	6.4 CITY - ST - ZIP	Old Town, Fla. 32601

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 110.07(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: *Sylvia Plummer* SYLVIA PLUMMER Jan 6, 1995 904-478-0489
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR