**FILE NOW: FILING FEE AFTER MAY 1 IS $155.00**

APPROVED AND FILED

95 APR 26 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****130.00 ****130.00

DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT
**1995**

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

DOCUMENT # 742615

1. Corporation Name
BAY INDIES--Venice Chapter #3057 of
AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business
BAY INDIES
940 Bonaire Ave.
Venice, Fl., 34292

Mailing Address

3. Date Incorporated or Qualified: 5-1-78
3a. Date of Last Report: 1994
4. FEI Number: 95-3221692 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21 BAY INDIES
22 Suite, Apt. #, etc. 940Bonaire Ave.
23 City & State: Venice, Fl.
24 Zip 34292 25 Country Sarasota

2a. Mailing Address
26 940 Bonaire Ave.
27 Suite, Apt. #, etc.
28 City & State: Venice, Fl.
29 Zip 34292 30 Country Sarasota

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent
81 Name: Edward Darrington
82 Street Address (P.O. Box Number is Not Acceptable): 940 Bonaire Ave.
83
84 City: Venice FL 85 Zip Code: 34292

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: Ed Darrington — 4-12-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required in the State) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | | 1.1 TITLE | P D | ☐ Change ☒ Addition |
| NAME | | 1.2 NAME | Louis LaBarre | |
| STREET ADDRESS | | 1.3 STREET ADDRESS | 950 Sand Cay Ave. | |
| CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | Venice, Fl., 34292 | |
| TITLE | | 2.1 TITLE | V D | ☐ Change ☒ Addition |
| NAME | | 2.2 NAME | Loey Hammer | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | 959 Xanadu Ave. | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | Venice, Fl., 34292 | |
| TITLE | | 3.1 TITLE | D | ☐ Change ☒ Addition |
| NAME | | 3.2 NAME | Ed Barrington | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | 940 Bonaire Ave. | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | Venice, Fl., 34292 | |
| TITLE | | 4.1 TITLE | D C | ☐ Change ☒ Addition |
| NAME | | 4.2 NAME | Larry Marek | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | 914 Sand Cay Ave. | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | Venice, Fl., 34292 | |
| TITLE | | 5.1 TITLE | S D | ☐ Change ☒ Addition |
| NAME | | 5.2 NAME | Barbara Childs | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | 440 Andros Ave. | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | Venice, Fl., 34292 | |
| TITLE | | 6.1 TITLE | T D | ☐ Change ☒ Addition |
| NAME | | 6.2 NAME | Louis R. Schwartz | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | 975 Vincent Ave. | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | Venice, Fl., 34292 | LRS |

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, added or deleted.

**SIGNATURE:** Louis R. Schwartz — Louis R. Schwartz — 4-12-95 — 813-488-7222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #