

**FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



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

**DOCUMENT # 742615 (8)**

1. Corporation Name

**BAY INDIES-VENICE CHAPTER #3057 OF AMERICAN ASSO  
CIATION OF RETIRED PERSONS, INC.**



Principal Place of Business

Mailing Address

**BAY INDIES  
940 BONAIRE  
VENICE FL 34292  
US**

**940 BONAIRE AVE  
VENICE FL 34292  
US**

3. Date Incorporated or Qualified  
**05/01/1978**

3a. Date of Last Report  
**04/26/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number

**95-3221692**

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**

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

**DARRINGTON, ED  
940 BONAIRE  
VENICE FL 34292**

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LABARRE, LOUIS	
STREET ADDRESS	950 SAND CAY AVE.	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HAMMER, LOEY	
STREET ADDRESS	959 XANADU AVE.	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BARRINGTON, ED	
STREET ADDRESS	940 BONAIRE AVE.	
CITY-ST-ZIP	VENICE FL	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	MAREK, LOARRY R	
STREET ADDRESS	914 SAND CAY AVE.	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CHILDS, BARBARA	
STREET ADDRESS	440 ANDROS AVE.	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SCHWARTZ, LOUIS R	
STREET ADDRESS	975 VINCENT AVE.	
CITY-ST-ZIP	VENICE FL 34292	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PD HAMMER, LOEY
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	TD STEARNS, HAROLD H
6.3 STREET ADDRESS	960 ZACAPA
6.4 CITY-ST-ZIP	VENICE, FL 34292

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.

**SIGNATURE: Harold H. Stearns** **HAROLD H. STEARNS** **4/25/96** **944-485-0185**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)