FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 30 1997 8:00am

Secretary of State

EVELYN J. BONNINGTON (941)4847193

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

SIGNATURE:

742615

(8)

Mailing Address

BAY INDIES-VENICE CHAPTER #3057 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

BAY INDIES 940 BONAIRE AVE 940 BONAIRE VENICE FL 34292 VENICE FL 34292 Date Incorporated or Qualified 05/01/1978 3a. Date of Last Report 05/16/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 95-3221692 21 BAY INDIES Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional IDGE WOOD 5. Certificate of Status Desired 950 27 Fee Required City & State 6. Election Campaign Financing \$5.00 May Be 28 П Trust Fund Contribution Added to Fees Country Zip Country 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name DARRINGTON, ED DARRONGTON, ED 82 Street Address (P.O. Box Number is Not Acceptable) 940 BONAIRE (Correct spelling) VENICE FL 34292 83 City 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 reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. (96/6)TD DELETE TOTAL F Change 1.1 TITLE Addition BROWN, JAMES STEARNS, HAROLD H NAME 1.2 NAME 960 ZACAPA 926 INAGUA STREET ADDRESS 1.3 STREET ADDRESS VENICE FL 34292 VENICE, FL 34292 DITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change TITLE Addition 2.1 TITLE HAMMER, LOEY BONNINGTON, EVELYN J. NAME 2.2 NAME 959 XANADU AVE. 877 EXUMA VENICE, FL STREET ADDRESS 2.3 STREET ADDRESS 34292 Change (Correct spelling.) VENICE FL 34292 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE DARRINGTON BARRINGTON, ED DARRINGTON NAME 3.2 NAME Correct spelling) 940 BONAIRE AVE. STREET ADDRESS 3.3 STREET ADDRESS VENICE FL CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition PET ROWSKI, PETER MAREK, LOARRY R NAME 4. 2 NAME 943 BONAIRE 914 SAND CAY AVE. STREET ADDRESS 4.3 STREET ADDRESS VENICE FL 34292 VENICE FL 34292 CITY - ST - ZIP 4.4 CITY-ST-ZIP DXI DELETE Change THUE 5 1 TITLE Addition CHILDS, BARBARA NAME 5.2 NAME 440 ANDROS AVE. STREET ADDRESS 5.3 STREET ADDRESS VENICE FL 34292 CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change 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