FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 18 PM 11:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 743707 (2)

1. Corporation Name
CALHOUN COUNTY CHAPTER #3096 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business	Mailing Address
ROUTE 1, BOX 178 BLOUNTSTOWN FL 32424	ROUTE 1, BOX 178 BLOUNTSTOWN FL 32424

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/25/1978
3a. Date of Last Report: 04/06/1994
4. FEI Number: 94-2497554 ☐ 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
21 712 S. Main St.	26 712 S. Main St.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Blountstown, FL 32424	28 Blountstown, FL 32424
24 Zip 32424 / 25 Country U.S.A	29 Zip 32424 / 30 Country U.S.A.

9. Name and Address of Current Registered Agent

STALEY, HOWARD D
RT 1 BOX 178
BLOUNTSTOWN FL 32424

10. Name and Address of New Registered Agent

81 Name: DOROTHY DORN
82 Street Address (P.O. Box Number is Not Acceptable): 712 S. MAIN STREET
83
84 City: BLOUNTSTOWN FL 85 Zip Code: 32424

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: Dorothy Dorn — DOROTHY DORN - TD — DATE: 4/12/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	☒ Change ☐ Addition
NAME	WILSHIRE, HARRY	1.2 NAME	VP MANUEL GATLIN
STREET ADDRESS	822 W HEINTZ ST	1.3 STREET ADDRESS	COOPER ROAD HUGH CREEK
CITY-ST-ZIP	BLOUNTSTOWN FL	1.4 CITY-ST-ZIP	BLOUNTSTOWN, FL. 32424
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	WILLIFORD, ALICE	2.2 NAME	
STREET ADDRESS	620 MARIE AV	2.3 STREET ADDRESS	
CITY-ST-ZIP	BLOUNTSTOWN FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	☒ Change ☐ Addition
NAME	STALEY, HOWARD	3.2 NAME	TD DOROTHY DORN
STREET ADDRESS	RT 1 BOX 178	3.3 STREET ADDRESS	712 S. MAIN STREET
CITY-ST-ZIP	BLOUNTSTOWN FL	3.4 CITY-ST-ZIP	BLOUNTSTOWN, FL. 32424
TITLE	P	4.1 TITLE	☐ Change ☐ Addition
NAME	PIERCE, ELSIE	4.2 NAME	
STREET ADDRESS	822 W HEINTZ AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	BLOUNTSTOWN FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	DUNLAP, FREIDA	5.2 NAME	
STREET ADDRESS	625 S. MAIN ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	BLOUNTSTOWN FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	SCHEMM, ALEXANDER	6.2 NAME	
STREET ADDRESS	524 S. PEAR ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	BLOUNTSTOWN FL	6.4 CITY-ST-ZIP	

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, or on an attachment with an address.

SIGNATURE: Dorothy Dorn — DOROTHY DORN - TD — 4/12/95 — (904) 674-3177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CONTINUED