

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 # 743707

(2)

1. Corporation Name

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



Principal Place of Business

Mailing Address

712 S MAIN STREET
BLOUNTSTOWN FL 32424
US

712 S MAIN STREET
BLOUNTSTOWN FL 32424
US

3. Date Incorporated or Qualified

07/25/1978

3a. Date of Last Report

04/18/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

94-2497554

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

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

DORN, DOROTHY
712 S MAIN STREET
BLOUNTSTOWN FL 32424

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VP ☒ DELETE

NAME GATLIN, MANUEL
STREET ADDRESS COOPER ROAD HIGH CREEK
CITY-ST-ZIP BLOUNTSTOWN FL

11. TITLE

12. NAME
13. STREET ADDRESS
14. CITY-ST-ZIP

☒ Change ☐ Addition
P ANNA BATES
P.O. Box 552
Blountstown, FL, 32424

TITLE SD ☐ DELETE

NAME WILLIFORD, ALICE
STREET ADDRESS 620 MARIE AV
CITY-ST-ZIP BLOUNTSTOWN FL

21. TITLE

22. NAME
23. STREET ADDRESS
24. CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TD ☐ DELETE

NAME DORN, DOROTHY
STREET ADDRESS 712 S MAIN STREET
CITY-ST-ZIP BLOUNTSTOWN FL

31. TITLE

32. NAME
33. STREET ADDRESS
34. CITY-ST-ZIP

☐ Change ☐ Addition

TITLE P ☐ DELETE

NAME PIERCE, ELSIE
STREET ADDRESS 822 W HEINTZ AVE
CITY-ST-ZIP BLOUNTSTOWN FL

41. TITLE

42. NAME
43. STREET ADDRESS
44. CITY-ST-ZIP

☒ Change ☐ Addition
VP PIERCE, ELSIE
822 W. Heintz Ave
Blountstown, FL, 32424

TITLE D ☐ DELETE

NAME DUNLAP, FREIDA
STREET ADDRESS 625 S. MAIN ST.
CITY-ST-ZIP BLOUNTSTOWN FL

51. TITLE

52. NAME
53. STREET ADDRESS
54. CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME SCHEMM, ALEXANDER
STREET ADDRESS 524 S. PEAR ST.
CITY-ST-ZIP BLOUNTSTOWN FL

61. TITLE

62. NAME
63. STREET ADDRESS
64. CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOROTHY DORN

Date

-96

Daytime Phone #

(904) 674-3177

CR2E037 (12/95)