

FILE NOW: FILING FEE IS \$61.25

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Mar 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32424-2137 US

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/25/1978		3a. Date of Last Report 02/07/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 94-2497554		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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			
				85 Zip Code			
				FL			

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: *Dorothy Dorn* DATE: **3/7/97**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BATES, ANNA			1.2 NAME	CAROLYN PANEK		
STREET ADDRESS	P.O. BOX 552			1.3 STREET ADDRESS	Hwy 73 S.		
CITY - ST - ZIP	BLOUNTSTOWN FL			1.4 CITY - ST - ZIP	Clarksville, FL 32430		
TITLE	SD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DORN, DOROTHY			3.2 NAME			
STREET ADDRESS	712 S MAIN STREET			3.3 STREET ADDRESS			
CITY - ST - ZIP	BLOUNTSTOWN FL			3.4 CITY - ST - ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHEMM, ALEXANDER			6.2 NAME	Louise Staley		
STREET ADDRESS	524 S. PEAR ST.			6.3 STREET ADDRESS	RT. 1 Box 17B		
CITY - ST - ZIP	BLOUNTSTOWN FL			6.4 CITY - ST - ZIP	Blountstown, FL 32424		

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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Dorothy Dorn* DATE: **3/7/97** (904) 674-3177

CR2E037 (9/96)