


FILE NOW: FILING FEE IS \$61.25

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Mar 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		07/25/1978	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		94-2497554	
24 Country		30 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				7. Is this nonprofit corporation a homeowners association?	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				<input type="checkbox"/> Yes <input checked="" 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 T.D. Staley, Louise			
				82 Street Address (P.O. Box Number is Not Acceptable) Rt 1 Box 178			
				83			
				84 City Blountstown, FL 85 Zip Code 32424			

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 Louise C. Staley T.D. (Signature, typed or printed name of registered agent and title if applicable.) Louise C. Staley 3-4-98 (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	PANCK, CARLOYN			1.2 NAME			
STREET ADDRESS	HWY. 73 S.			1.3 STREET ADDRESS			
CITY-ST-ZIP	CLARKSVILLE FL			1.4 CITY-ST-ZIP			
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 checked="" 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 checked="" 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	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	STALEY, LOUISE			6.2 NAME			
STREET ADDRESS	RT. 1, BOX 178			6.3 STREET ADDRESS			
CITY-ST-ZIP	BLOUNTSTOWN FL			6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Louise C. Staley T.D. Louise C. Staley T.D. 3-4-98

CP2E037 (10/97)