.FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 743707

1. Corporation Name

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

Principal Place of Business 712 S MAIN STREET **BLOUNTSTOWN FL 32424**

Mailing Address

712 S MAIN STREET **BLOUNTSTOWN FL 32424**

FILED Feb 23, 1999 8:00 am § Secretary of State

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	0./	W-2001	
2. Principal Pl	ace of Business Ol/brow 2a. Mailing Address	to Are B	3. Date Incorporated or Qualifed 07/25/1978
21 8 22	w dents fore 26 822 W then	4. FEI Number Applied For	
Suite, Apt.	· —	0	94-2497554 Not Applicable
City & State	27 City & State		\$8.75 Additional
City & State	launts town fl. 28 Blounts low	-42, 324	5. Certificate of Status Desired Fee Required
Zip Country Zip Co			6. Election Campaign Financing \$5.00 May Be
24 32424 25 Calkour 29 32424 30 C			Trust Fund Contribution Added to Fees
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent			
81 Name Illian Il Suerce			
STALEY, L	OUISE	82 Street	1 11500
RT 1 BOX		83	822 W Hents AVE
BLOUNTSTOWN FL 32424			
		84 City	DA 85 Zip Code
			Structo May FL 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.			
1/12/99			
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: R	legistered Agent signature r	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P DELETE	1.1 TITLE	Change 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 DELETE	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 DELETE	3.1 TITLE	Change _ Addition
NAME	STALEY, LOUISE	3.2 NAME	Phie Il (Kerce 224)
STREET ADDRESS	RT 1 BOX 178	3.3 STREET ADDRESS	Esaie Il Rierce 3243 822 W Hentz Art Blown to Soun Fl.
CITY-ST-ZIP	BLOUNTSTOWN FL	3.4. CITY-ST-ZIP	8 22 W Dem 3 Mr. Wound 10 John 71.
TITLE	VP ☑ DELETE	4.1 TITLE	V Camera Willard Change Addition
NAME	BATES, ANNA	4. 2 NAME	The same side of the
STREET ADDRESS	RT 1 BOX 552	4.3 STREET ADDRESS	620 manes
CITY-ST-ZIP	BLOUNTSTOWN FL	4.4 CITY-ST-ZIP	Blauntoloen 71. 32424
TITLE	D DELETE	5.1 TITLE	Carloyn Panck Change Addition
NAME	DUNLAP, FREIDA	5.2 NAME	Was you canek
STREET ADDRESS	625 S. MAIN ST.	5.3 STREET ADDRESS	prwy. 13 3-
CITY-ST-ZIP	BLOUNTSTOWN FL	5.4 CITY-ST-ZIP	Clarks ville Fd.
TITLE	D □ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	WILSHIRE, HARRY	6.2 NAME	
STREET ADDRESS	822 W. HENTZ AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	BLOUNTSTWON FL	6.4 CITY-\$T-ZIP	
UITI-31-ZIF	02001110111011112	, 	d in Section 110 07/3/6) Elected Statutes I further certify that the information

r nereby 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, with all other like empowered.

SIGNATURE: