2002 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 19, 2002 8:00 am **DOCUMENT # 743707 Secretary of State** 1. Entity Name CALHOUN COUNTY CHAPTER #3096 OF AMERICAN ASSOCIA 02-19-2002 90118 003 ****61.25 TION OF RETIRED PERSONS, INC. Principal Place of Business Mailing Address 18946 S R 71 N LOT 49 18946 S R 71 N LOT 49 **BLOUNTSTOWN FL 32424 BLOUNTSTOWN FL 32424** 118 HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 94-2497554 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) BATES, ANNA L 18946 SR 71 LOT 49 **BLOUNTSTOWN FL 32424** Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Department of State Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Wilford Tames Delete TITLE PANEK, CAROLYN 20198 w marie NÁME NAME STREET ADDRESS PO BOX 171 STREET ADDRESS Glountstown, FL 32424 CITY-ST-ZIP CLARKSVILLE FL 32430 CITY-ST-ZIP SD ☐ Delete TITLE WILLIFORD, ALICE NAME NAME 20198 W MARIE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BLOUNTSTOWN FL 32424** Change ☐ Addition TITLE ☐ Delete TITLE BATES, ANNA L NAME NAME 18946 SR 71 N LOT 49 STREET ADDRESS STREET ADDRESS **BLOUNTSTOWN FL 32424** CITY-ST-ZIP CITY-ST-ZIP Paul Banek POBOX 171 Clarksville, FL 32430 Addition Delete TITLE [/ TITLE WILFORD JAMES -NAME NAME 20198 W MARIE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BLOUNTSTOWN FL 32424 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE VEASEY, JAMES J NAME 18946 SR 71 LOT #13 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP. CITY-ST-ZIP **BLOUNTSTOWN FL 32424** ☐ Addition ☐ Delete ŤITI F ☐ Change TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I 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 report or supplemental 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 10 or Block 11 if

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR