

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 # 751300 (5)

1. Corporation Name
BOYNTON LEISUREVILLE CHAPTER #3190 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.



Principal Place of Business: 1210 SW 20 AVENUE, BOYNTON BCH FL 33426
Mailing Address: STAVIS, GUS, 2021 SW 17 AVE, BOYNTON BEACH FL 33426, US

3. Date Incorporated or Qualified: 02/28/1980
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-questions for Suite, City, State, Zip, and Country.
4. FEI Number: 94-2632071
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: STAVIS, GUS, 2021 S.W. 17TH AVENUE, BOYNTON BEACH FL 33426
10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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: [Signature] (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	LAPORTE, CHESTER 1504 SW NICHOLAS DRIVE BOYNTON BEACH FL 33426	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD	SEIGEL, HY 2113 SW 15TH STREET BOYNTON BEACH FL 33426	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD	HABERLAND, WILLIAM 2114 SW 22ND COURT BOYNTON BEACH FL 33426	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD	MOLINARO, PAT 1515 SW 22ND STREET BOYNTON BCH FL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD	STAVIS, GUS 2021 SW 17 AVE. BOYNTON BEACH FL	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: []	[]	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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] GUS STAVIS, Treasurer/Director, 2/6/96 (407) 369-4249

CR2E037 (12/95)