FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JAN 26 PM 3:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 758203 (4)

1. Corporation Name

HIGH SPRINGS CHAPTER #3373 OF AMERICAN ASSOCIATI ON OF RETIRED PERSONS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
124 GINNIE SPRINGS ROAD HIGH SPRINGS FL 32643	124 GINNIE SPRINGS ROAD HIGH SPRINGS FL 32643

3. Date Incorporated or Qualified: 10/29/1981
3a. Date of Last Report: 04/29/1994
4. FEI Number: 95-3656204 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Rt # 3 Box 5416	26 Rt # 3 Box 5416
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 High Springs, Fl	City & State 28 High Springs, Fl
Zip 24 32643 Country 25 Alachua	Zip 29 32643 Country 30 Alachua

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KLEINE, KATHRYN
124 GINNIE SPRINGS ROAD
HIGH SPRINGS FL FL 32643

10. Name and Address of New Registered Agent

81 Name: Wanda L. Kemp
82 Street Address (P.O. Box Number is Not Acceptable): Rt # 3 Box 5416
83
84 City: High Springs FL 85 Zip Code: 32643

11. Pursuant to the provisions of Sections 607.0502 and 607.1609, 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 607.0505, Florida Statutes.

SIGNATURE: Wanda L. Kemp Wanda L Kemp 01/19/95
(Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	1.1 TITLE	TD	XX Change ☐ Addition
NAME	KLEINE KATHRYN	1.2 NAME	Wanda L. Kemp	
STREET ADDRESS	124 GINNIE SPRINGS RD	1.3 STREET ADDRESS	Rt # 3 Box 5416	
CITY-ST-ZIP	HIGH SPRINGS FL 32643	1.4 CITY-ST-ZIP	High Springs, Fl, 32643	
TITLE	PD	2.1 TITLE	PD	X Change ☐ Addition
NAME	KEMP, WANDA L.	2.2 NAME	Frank Erwin	
STREET ADDRESS	ROUTE 3, BOX 5416	2.3 STREET ADDRESS	P.O. Box 153(715 N.W. 3rd Ave)	
CITY-ST-ZIP	HIGH SPRINGS FL	2.4 CITY-ST-ZIP	High Springs, Fl	
TITLE	VPD	3.1 TITLE	VPD	X Change ☐ Addition
NAME	ERWIN, FRANK	3.2 NAME	Flora Koon	
STREET ADDRESS	715 NW 3RD AVE	3.3 STREET ADDRESS	Rt # 4 Box 496	
CITY-ST-ZIP	HIGH SPRINGS FL	3.4 CITY-ST-ZIP	Alachua, Fl, 32615	
TITLE	SD	4.1 TITLE	SD	X Change ☐ Addition
NAME	DOWNS, LORETTA	4.2 NAME	Ora Terry	
STREET ADDRESS	RT 2 BOX 1591	4.3 STREET ADDRESS	1 S. Bryant (P.O.Box 134	
CITY-ST-ZIP	HIGH SPRINGS FL	4.4 CITY-ST-ZIP	Ft.White, Fl, 32038	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(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: Wanda L. Kemp Wanda L Kemp 01/19/95 904-454-1274
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0030187