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 # 758203 (4)

1. Corporation Name

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

Principal Place of Business	Mailing Address
RT #3 BOX 5416 HIGH SPRINGS FL 32643 US	RT #3 BOX 5416 HIGH SPRINGS FL 32643 US

3. Date Incorporated or Qualified: 10/29/1981
3a. Date of Last Report: 01/26/1995

2. Principal Place of Business
21 8660 N.E. 50th St
Suite, Apt. #, etc. 22
City & State 23 High Springs,Fl
Zip 24 32643 Country 25 Alachua

2a. Mailing Address
26 8660 N.E. 50th St
Suite, Apt. #, etc. 27
City & State 28 High Springs,Fl
Zip 29 32643 Country 30 Alachua

4. FEI Number: 95-3656204 ☐ Applied For ☐ Not Applicable

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**

KEMP, WANDA L
RT #3 BOX 5416
HIGH SPRINGS FL 32643

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 8660 N.E. 50th St
83
84 City High Springs FL 85 Zip Code 32643

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: Wanda L. Kemp — January 20, 1996
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	TD KEMP, WANDA L RT # 3 BOX 5416 HIGH SPRINGS FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	8660 N.E. 50th St High Springs,Fl,32643	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ERWIN, FRANK P O BOX 153 (715 N W 3RD AVE) HIGH SPRINGS FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD KOON, FLORA RT #4 BOX 406 ALACHUA FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	VPD Cox, David 22726 N.W. 227th Dr. High Springs,Fl,32643	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD TERRY, ORA 1 S BRYANT (P O BOX 134) ALACHUA FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (12/95)

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: Wanda L. Kemp — January 20, 1996 — 904-454-1224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #