FILE NOW: FILING FEE IS $61.25

FILED
Jan 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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
8660 NE 50TH STREET HIGH SPRINGS FL 32643 US	8660 NE 50TH STREET HIGH SPRINGS FL 32643-5709 US

3. Date Incorporated or Qualified: 10/29/1981
3a. Date of Last Report: 01/24/1996

2. Principal Place of Business
21 10 N.E. 2nd Ave
Suite, Apt. #, etc. 22
City & State 23 High Springs, Fl
Zip 24 32643 Country 25 USA

2a. Mailing Address
26 29304 N.W. 182nd Terr
Suite, Apt. #, etc. 27
City & State 28 Alachua, Fl
Zip 29 32615 Country 30 USA

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
8660 NE 50TH ST
HIGH SPRINGS FL 32643

10. Name and Address of New Registered Agent

81 Name: CARMEN WALKER
82 Street Address (P.O. Box Number is Not Acceptable): 29304 N.W. 182nd Terr
83
84 City: Alachua 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: Carmen Walker — 1-9-97
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	☒ DELETE	1.1 TITLE	TD	☒ Change ☐ Addition
NAME	KEMP, WANDA L		1.2 NAME	CARMEN WALKER	
STREET ADDRESS	8660 NE 50TH STREET		1.3 STREET ADDRESS	29304 N.W. 182nd Terr	
CITY-ST-ZIP	HIGH SPRINGS FL		1.4 CITY-ST-ZIP	Alachua,Fl,32615	
TITLE	PD	☒ DELETE	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	ERWIN, FRANK		2.2 NAME	WANDA L. KEMP	
STREET ADDRESS	P O BOX 153 (715 N W 3RD AVE)		2.3 STREET ADDRESS	8660 N.E. 50th St.	
CITY-ST-ZIP	HIGH SPRINGS FL		2.4 CITY-ST-ZIP	High Springs,Fl,32643	
TITLE	VPD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	COX, DAVID		3.2 NAME		
STREET ADDRESS	22726 NW 227TH DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	HIGH SPRINGS FL		3.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	TERRY, ORA		4.2 NAME	CLARA BARTHOLOMEW	
STREET ADDRESS	1 S BRYANT (P O BOX 134)		4.3 STREET ADDRESS	1025 Glendale ST	
CITY-ST-ZIP	ALACHUA FL		4.4 CITY-ST-ZIP	High Springs,Fl, 32643	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 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: Carmen Walker — 1-9-97 — 904-462-7387
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0011983