**FILE NOW: FILING FEE IS $61.25**

NONPROFIT CORPORATION ANNUAL REPORT
**1998**

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

FILED
Jan 22 1998 8:00am
Secretary of State

DOCUMENT # 758203 (4)

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

| Principal Place of Business | Mailing Address |
|---|---|
| 10 N.E. 2ND AVE.<br>HIGH SPRINGS FL 32643<br>US | 29304 N.W. 182ND TERR<br>ALACHUA FL 32615<br>US |

3. Date Incorporated or Qualified: 10/29/1981

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

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No NA

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| WALKER, CARMEN<br>29304 N.W. 182ND TERR<br>ALACHUA FL 32643 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City FL 85 Zip Code |

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | TD | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | WALKER, CARMEN | | 1.2 NAME | | |
| STREET ADDRESS | 29304 N.W. 182ND TERR | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ALACHUA FL | | 1.4 CITY-ST-ZIP | | |
| TITLE | PD | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | KEMP, WANDA L. | | 2.2 NAME | | |
| STREET ADDRESS | 8660 N.E. 50TH ST. | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | HIGH SPRINGS FL | | 2.4 CITY-ST-ZIP | | |
| TITLE | VPD | ☒ DELETE | 3.1 TITLE | VPD | ☒ Change ☐ Addition |
| NAME | COX, DAVID | | 3.2 NAME | ORA TERRY | |
| STREET ADDRESS | 22726 NW 227TH DRIVE | | 3.3 STREET ADDRESS | 3320 N.W. 245 TERR. | |
| CITY-ST-ZIP | HIGH SPRINGS FL | | 3.4 CITY-ST-ZIP | NEWBERRY, FL. 32669 | |
| TITLE | SD | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | BARTHOLOMEW, CLARA | | 4.2 NAME | | |
| STREET ADDRESS | 1025 GLENDALE ST. | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | HIGH SPRINGS FL | | 4.4 CITY-ST-ZIP | | |
| 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 (10/97)

14. 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 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 Le Walker 1-9-98 904-462-7387
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #