Division of Corporations

DOCUMENT # 781542 (0)

1. Corporation Name

AVON PARK CHAPTER #3383 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

95 APR 19 AM 8:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
503 N. LAKE AVE. AVON PARK FL 33825 US	503 N. LAKE AVE. AVON PARK FL 33825 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/20/1982
3a. Date of Last Report: 04/29/1994

4. FEI Number: 95-3679474 ☐ 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

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

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

9. Name and Address of Current Registered Agent

ADAMS, MARY J
503 N. LAKE AVE.
AVON PARK FL 33825

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Mary Jean Adams (MARY JEAN ADAMS) 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	P	1.1 TITLE	☐ Change ☐ Addition
NAME	ADAMS, MARY J	1.2 NAME	
STREET ADDRESS	503 N. LAKE AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	AVON PK, FL 00000	1.4 CITY-ST-ZIP	
TITLE ✓	S	2.1 TITLE	☐ Change ☐ Addition
NAME	KINGSBURY, BEA	2.2 NAME	
STREET ADDRESS	2446 PONCE DE LEON	2.3 STREET ADDRESS	
CITY-ST-ZIP	AVON PARK, FL 00000	2.4 CITY-ST-ZIP	
TITLE ✓	T	3.1 TITLE	☐ Change ☐ Addition
NAME	CHRISTMAN, JAMES	3.2 NAME	
STREET ADDRESS	223 HILLCREST DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	AVON PK, FL 00000	3.4 CITY-ST-ZIP	
TITLE ✓	D	4.1 TITLE	☐ Change ☐ Addition
NAME	FOLLON, MARGARET	4.2 NAME	
STREET ADDRESS	503 E. MAPLE ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	AVON PK, FL 00000	4.4 CITY-ST-ZIP	
TITLE ✓	D	5.1 TITLE	☐ Change ☐ Addition
NAME	PEACH, FLORENCE	5.2 NAME	
STREET ADDRESS	2491 S. LAKE LETTA DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	AVON PARK, FL 00000	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	CUSHMAN, CORA	6.2 NAME	
STREET ADDRESS	2901 WOODRUFF HTS.	6.3 STREET ADDRESS	
CITY-ST-ZIP	AVON PARK FL	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)(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: James H. Christman (JAMES H. CHRISTMAN) 13 April 1995 (813) 452-5862
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR — Date — Daytime Phone #
TREASURER

0067984