

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 1:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 761880 (4)

1. Corporation Name

PALMA CEJA-TAMPA CHARTER #3401 OF AMERICAN ASSOC
IATION OF RETIRED PERSONS, INC.

Principal Place of Business

Mailing Address

4209 W. SEVILLA
TAMPA FL 33629

4209 W. SEVILLA
TAMPA FL 33629

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/09/1982

3a. Date of Last Report
05/01/1994

4. FBI Number

NOT APPLICABLE

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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCCORD, JULIA A
4209 W. SEVILLA
TAMPA FL 33629

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

Julia McCord

Julia McCord

4-18-95

Signature, typed or printed name of registered agent and date if applicable

NOTE: Registered Agent signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

P
MCCORD, JULIA A
4209 W. SEVILLA
TAMPA FL 33629

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

500001483655

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
PEREIRA, R. BRUCE
4208 LYNWOOD AVE.
TAMPA, FL 00000

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

-05/11/95--01016 Change 0001 Addition
***9038.75 ***130.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
GEE, THEDA
3211 SWAN AVENUE #709
TAMPA, FL 00000

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
IRWIN, CHARLES
145 CHESAPEAKE AVENUE
TAMPA, FL 00000

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

CS
* OSBORN, MARION
4305 JEFFON AVE
TAMPA, FL 00000-

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

CS
Evelyn Carpenter
5001 Fair Oaks Ave, Apt. 8
Tampa, FL 33611

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

T
BROOKSTAFF, CRETORIA
4212 EMPEDRADO ST
TAMPA FL 00000-0002

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

T
Charles Suter
4209 Neptune St.
Tampa, FL 33629

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption provided 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:

Julia McCord
Julia McCord

4-18-95

813-831-6291

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number