

# 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 # 761880 (4)

1. Corporation Name

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



Principal Place of Business

Mailing Address

~~XXXXXX~~  
TAMPA FL 33611

4851 W. Gandy 4851 W. Gandy  
33611 TAMPA FL 33611

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 4851 W. GANDY  
7-16

22 City & State

27 TAMPA, FL.

23 Zip

Country

28 Zip

Country

24

25

29 33611

30 Hills

9. Name and Address of Current Registered Agent

MCCORD, JULIA A  
4209 W. SEVILLA  
TAMPA FL 33629

3. Date Incorporated or Qualified

02/09/1982

3a. Date of Last Report

05/01/1995

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

LAURA LARKIN

82 Street Address (P.O. Box Number is Not Acceptable)

4851 W. GANDY 7-16

83

84 City

TAMPA

FL

85

33611

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

*Laura Larkin*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-25-96

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

P

MCCORD, JULIA A  
4209 W. SEVILLA  
TAMPA FL 33629

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

D

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

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

D

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

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

D

IRWIN, CHARLES  
145 CHESAPEAKE AVENUE  
TAMPA, FL 00000

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

CS

CARPENTER, EVELYN  
5001 FAIROAKS AVE APT 8  
TAMPA FL 33611

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

T

SUTER, CHARLES  
4209 NEPTUNE ST  
TAMPA FL 33629

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

P

Laura Larkin 7-16  
4851 W. Gandy  
Tampa, FL.

☒ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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:

*Laura Larkin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-96

CR2E037 (12/95)