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May 20 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 762336 (6)

1. Corporation Name

SAINT JOSEPH BAY CHAPTER #3425 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business

Mailing Address

Gulf County Senior Citizens Bldg.
FIRST UNITED METHODIST CHURCH
PORT ST. JOE FL 32456

MAILING ADDRESS
PO BOX 13086
MEXICO BCH FL 32410-3086



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 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

3. Date Incorporated or Qualified
03/09/1982

3a. Date of Last Report
05/24/1996

4. FEI Number
95-3696105

☒ 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

CONLEY, VESTA
RT 3 BOX 133A
PORT ST. JOE FL 32456

81 Name

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

83 P. O. Box 1454

84 City

Wewahitchka

FL

85 Zip Code
32465

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/14/97

12. OFFICERS AND DIRECTORS

TITLE PD
NAME CONLEY, VESTA
STREET ADDRESS RT 3 BOX 133A
CITY-ST-ZIP PORT ST. JOE FL 32456

TITLE VP
NAME PFOST, DOT
STREET ADDRESS BOX 13148 N/A
CITY-ST-ZIP MEXICO BCH., FL 32410

TITLE TD
NAME KYPER, WILLIAM H
STREET ADDRESS RT. 3 BOX 99
CITY-ST-ZIP PORT ST. JOE FL 32456

TITLE SD
NAME TAYLOR, LAURA
STREET ADDRESS RT 3 BOX 101E
CITY-ST-ZIP PORT ST JOE FL 32956

TITLE D
NAME PITTS, BETTY
STREET ADDRESS RT 1660C COUNTRY CLUB DR.
CITY-ST-ZIP PT ST JOE FL 32456

TITLE D
NAME WEBB, SHIRLEY
STREET ADDRESS 406 IOLA
CITY-ST-ZIP PT. ST. JOE FL 32456

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Pres.
1.2 NAME P.O. Box 1454
1.3 STREET ADDRESS Phil Howell Wewahitchka, FL 32456
1.4 CITY-ST-ZIP 2719 HWY 71

2.1 TITLE VP
2.2 NAME Betty Pitts
2.3 STREET ADDRESS 724 Country Club Rd.
2.4 CITY-ST-ZIP Port St. Joe, FL 32456

3.1 TITLE Treas.
3.2 NAME Laura Taylor
3.3 STREET ADDRESS 9347 Cockles Ave.
3.4 CITY-ST-ZIP Port St. Joe, FL 32456

4.1 TITLE Membership
4.2 NAME Shirley Webb
4.3 STREET ADDRESS 406 Iola
4.4 CITY-ST-ZIP Port St. Joe, FL 32456

5.1 TITLE D - William H. Kuyper
5.2 NAME 9212 Olive
5.3 STREET ADDRESS Port St. Joe, FL 32456
5.4 CITY-ST-ZIP

6.1 TITLE Leg. Hardy Stohler
6.2 NAME 414 Gulfaire Dr.
6.3 STREET ADDRESS Port St. Joe, FL 32456
6.4 CITY-ST-ZIP

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: Laura Taylor 4-1-97

CR2E037 (9/96)