FILE NOW: FHLING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **762969** **(4)**

1. Corporation Name

LAKE PLACID CHAPTER #3437 OF AMERICAN ASSOCIATIO N OF RETIRED PERSONS, INC.

300001483653
-05/11/95--01016--001
***9038.75 ****130.00
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
842 TANGERINE RD NW LAKE PLACID FL 33852 US	842 TANGERINE RD NW LAKE PLACID FL 33852 US

3. Date Incorporated or Qualified: 04/23/1982
3a. Date of Last Report: 02/25/1994
4. FEI Number: 95-3716049 — Applied For ☐ Not Applicable ☐

2. Principal Place of Business
21 129 DELTA AVENUE
22 Suite, Apt. #, etc.
23 City & State: LAKE PLACID, FL
24 Zip: 33852 25 Country: US

2a. Mailing Address
26 129 DELTA AVE.
27 Suite, Apt. #, etc.
28 City & State: LAKE PLACID, FL
29 Zip: 33852 30 Country: US

5. Certificate of Status Desired ☐ — **$9.75** 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

9. Name and Address of Current Registered Agent

POLLARD, MARSHALL
25 PINEY POINT DRIVE
LAKE PLACID FL 33852

10. Name and Address of New Registered Agent

91 Name: FRED CAMPBELL
92 Street Address (P.O. Box Number is Not Acceptable): 129 DELTA AVENUE
93
94 City: LAKE PLACID, FL 95 Zip Code: 33852

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: Fred Campbell PRESIDENT FRED CAMPBELL 3-30-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	11 TITLE	T	☑ Change ☐ Addition
NAME	TAYLOR, ELVINA	12 NAME	MARSHALL POLLARD	
STREET ADDRESS	1547 S WASHINGTON BLVD NW	13 STREET ADDRESS	25 PINEY POINT DRIVE	
CITY-ST-ZIP	PALATKA FL	14 CITY-ST-ZIP	LAKE PLACID, FL 33852	
TITLE	V	21 TITLE	S	☑ Change ☐ Addition
NAME	POWELL ED	22 NAME	MARY ZILBAUER	
STREET ADDRESS	P.O. BOX 1321 N/A	23 STREET ADDRESS	247 SHEPPARD ROAD, N.W.	
CITY-ST-ZIP	PALATKA FL	24 CITY-ST-ZIP	LAKE PLACID, FL 33852	
TITLE	VP	31 TITLE	VP	☑ Change ☐ Addition
NAME	HAMMER, LEONARD	32 NAME	LEONARD HAMMER	
STREET ADDRESS	44 LAKE HENRY DR	33 STREET ADDRESS	44 LAKE HENRY DRIVE	
CITY-ST-ZIP	PALATKA FL	34 CITY-ST-ZIP	LAKE PLACID, FL 33852	
TITLE	D	41 TITLE	D	☑ Change ☐ Addition
NAME	KRAUSE, ELEANOR	42 NAME	ELEANOR KRAUSE	
STREET ADDRESS	4 WINTERGREEN TRAIL	43 STREET ADDRESS	4 WINTERGREEN TRAIL	
CITY-ST-ZIP	PALATKA FL	44 CITY-ST-ZIP	LAKE PLACID, FL 33852	
TITLE	D	51 TITLE	D	☐ Change ☐ Addition
NAME	HAMMER, HOPE	52 NAME	HOPE HAMMER	
STREET ADDRESS	44 LAKE HENRY DRIVE	53 STREET ADDRESS	44 LAKE HENRY DRIVE	
CITY-ST-ZIP	LAKE PLACID FL	54 CITY-ST-ZIP	LAKE PLACID, FL 33852	
TITLE	D	61 TITLE	D	☑ Change ☐ Addition
NAME	CAMPBELL, FRED	62 NAME	EDNA FRIEDERICHS	
STREET ADDRESS	129 DELTA AVE	63 STREET ADDRESS	632 JEFFERSON AVENUE	
CITY-ST-ZIP	PALATKA FL	64 CITY-ST-ZIP	LAKE PLACID, FL 33852	

JPM 5/10

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)(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: MARY B. ZILBAUER Mary B. Zilbauer, Secretary 4-5-95 813-465-1471
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0087969