

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 # 762969 (4)

1. Corporation Name

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



Principal Place of Business

Mailing Address

129 DELTA AVE
LAKE PLACID FL 33852
US

129 DELTA AVE
LAKE PLACID FL 33852
US

3. Date Incorporated or Qualified

04/23/1982

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip Country

Zip Country

24

25

29

30

4. FEI Number

95-3716049

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAMPBELL, FRED
129 DELTA AVENUE
LAKE PLACID FL 33852

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 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

FRED CAMPBELL, PRESIDENT *Fred Campbell* 4-3-96

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	XX DELETE
NAME	POLLARD, MARSHALL	
STREET ADDRESS	25 PINEY POINT DRIVE	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ZILBAUER, MARY	
STREET ADDRESS	247 SHEPPARD ROAD, N.W.	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	V	XX DELETE
NAME	HAMMER, LEONARD	
STREET ADDRESS	44 LAKE HENRY DRIVE	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	D	XX DELETE
NAME	KRAUSE, ELEANOR	
STREET ADDRESS	4 WINTERGREEN TRAIL	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	D	XX DELETE
NAME	HAMMER, HOPE	
STREET ADDRESS	44 LAKE HENRY DRIVE	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FRIEDERICH, EDNA	
STREET ADDRESS	632 JEFFERSON AVENUE	
CITY-ST-ZIP	LAKE PLACID FL 33852	

1.1 TITLE	P	XX Change <input type="checkbox"/> Addition
1.2 NAME	FRED CAMPBELL	
1.3 STREET ADDRESS	129 DELTA AVENUE	
1.4 CITY-ST-ZIP	LAKE PLACID, FL 33852	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	V	XX Change <input type="checkbox"/> Addition
3.2 NAME	HOWARD KOOPMAN	
3.3 STREET ADDRESS	210 CAROLINE STREET, N.W.	
3.4 CITY-ST-ZIP	LAKE PLACID FL 33852	
4.1 TITLE	T	XX Change <input type="checkbox"/> Addition
4.2 NAME	JOYCE CAMPBELL	
4.3 STREET ADDRESS	129 DELTA AVENUE	
4.4 CITY-ST-ZIP	LAKE PLACID, FL 33852	
5.1 TITLE	D	XX Change <input type="checkbox"/> Addition
5.2 NAME	BETH NORMAN	
5.3 STREET ADDRESS	326 FRANCIS STREET	
5.4 CITY-ST-ZIP	SEBRING, FL	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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:

Fred Campbell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-3-96 941-465-1040

CR2E037 (12/95)