

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 17 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified

**04/23/1982**

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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☐ No

**N/A**

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

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	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>FRED CAMPBELL</b>	
STREET ADDRESS	<b>129 DELTA AVENUE</b>	
CITY - ST - ZIP	<b>LAKE PLACID FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>ZILBAUER, MARY</b>	
STREET ADDRESS	<b>247 SHEPPARD ROAD, N.W.</b>	
CITY - ST - ZIP	<b>LAKE PLACID FL 33852</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>HOWARD KOOPMAN</b>	
STREET ADDRESS	<b>210 CAROLINE STREET, N.W.</b>	
CITY - ST - ZIP	<b>LAKE PLACID FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>JOYCE CAMPBELL</b>	
STREET ADDRESS	<b>129 DELTA AVENUE</b>	
CITY - ST - ZIP	<b>LAKE PLACID FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BETH NORMAN</b>	
STREET ADDRESS	<b>326 FRANCIS STREET</b>	
CITY - ST - ZIP	<b>SEBRING FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>FRIEDERICH, EDNA</b>	
STREET ADDRESS	<b>632 JEFFERSON AVENUE</b>	
CITY - ST - ZIP	<b>LAKE PLACID FL 33852</b>	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
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 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: **FRED CAMPBELL** *Fred Campbell* 1-12-98

CFR2E037 (10/97)