

# 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 # 763431 (4)**

1. Corporation Name

**LAKE WALES CHAPTER #3416 OF AMERICAN ASSOCIATION  
OF RETIRED PERSONS, INC.**



Principal Place of Business

Mailing Address

% ARPINO  
366 CANAL COURT  
LAKE WALES FL 33853

% ARPINO  
366 CANAL COURT  
LAKE WALES FL 33853

3. Date Incorporated or Qualified  
**05/25/1982**

3a. Date of Last Report  
**01/23/1995**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ARPINO, NICK  
366 CANAL COURT  
LAKE WALES FL 33853

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	PD	<input type="checkbox"/> DELETE
NAME	HUNT, LOIS J	
STREET ADDRESS	900 REDWOOD WAY	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ARPINO, HELEN	
STREET ADDRESS	366 CANAL COURT	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HUNT, HERBERT H.	
STREET ADDRESS	900 REDWOOD WAY	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	RSD	<input type="checkbox"/> DELETE
NAME	FRUGE, NETTE	
STREET ADDRESS	PO BOX 8663	
CITY-ST-ZIP	FEDHAVEN FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ARPINO, NICK	
STREET ADDRESS	366 CANAL COURT	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LABONTE, ELEANOR	
STREET ADDRESS	1101 ST. ANNE SPRING RD.	
CITY-ST-ZIP	LAKE WALES FL 33853	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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: Herbert H. Hunt, Treasurer 1/22/96 9A-676-1741  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)