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Apr 04 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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

% ARPINO  
366 CANAL COURT  
LAKE WALES FL 33853

Mailing Address

% ARPINO  
366 CANAL COURT  
LAKE WALES FL 33853-86073. Date Incorporated or Qualified  
05/25/19823a. Date of Last Report  
02/02/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip

Country

4. FEI Number  
NOT APPLICABLEApplied For  
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees8. 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

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 ☐ DELETE  
NAME HUNT, LOIS J  
STREET ADDRESS 900 REDWOOD WAY  
CITY-ST-ZIP LAKE WALES FL 33853TITLE VD ☒ DELETE  
NAME ARPINO, HELEN  
STREET ADDRESS 366 CANAL COURT  
CITY-ST-ZIP LAKE WALES FL 33853TITLE TD ☒ DELETE  
NAME HUNT, HERBERT H.  
STREET ADDRESS 900 REDWOOD WAY  
CITY-ST-ZIP LAKE WALES FLTITLE RSD ☒ DELETE  
NAME FRUGE, NETTE  
STREET ADDRESS PO BOX 8663  
CITY-ST-ZIP FEDHAVEN FLTITLE D ☐ DELETE  
NAME ARPINO, NICK  
STREET ADDRESS 366 CANAL COURT  
CITY-ST-ZIP LAKE WALES FL 33853TITLE D ☐ DELETE  
NAME LABONTE, ELEANOR  
STREET ADDRESS 1101 ST. ANNE SNRINE RD.  
CITY-ST-ZIP LAKE WALES FL 338531.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP2.1 TITLE VD ☐ Change ☐ Addition  
2.2 NAME BECKER, SHARON  
2.3 STREET ADDRESS 2730 LAKE PIERCE DR  
2.4 CITY-ST-ZIP LAKE WALES FL 338533.1 TITLE TD ☒ Change ☐ Addition  
3.2 NAME BOWMAN, RAYMOND C.  
3.3 STREET ADDRESS 5111 SADDLEBAG LAKE RD  
3.4 CITY-ST-ZIP LAKE WALES FL 33853-71014.1 TITLE RSD ☒ Change ☐ Addition  
4.2 NAME MOORE, MILDRED A  
4.3 STREET ADDRESS 225 LAKESHORE DR NORTH  
4.4 CITY-ST-ZIP LAKE WALES FL 338535.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ 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 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: Raymond C. Bowman 3-5-97 941 696-4811  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0053945

CR2E037 (9/96)