FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

APPROVED AND FILED

95 APR 17 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600001458976
-04/18/95--01070--003
****130.00 ****130.00

DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # 763687 (1)

1. Corporation Name

PALM COAST CHAPTER #3485 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 352230 PALM COAST FL 32135-2230	P.O. BOX 352230 PALM COAST FL 32135-2230

3. Date Incorporated or Qualified: 06/15/1982
3a. Date of Last Report: 04/08/1994
4. FEI Number: 95-3740536 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

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. 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

NOREIKO, CONNIE
1601 N CENTRAL AVE
#1102
FLGLER BEACH FL 32136

10. Name and Address of New Registered Agent

81 Name: Monahan, Dorothy
82 Street Address (P.O. Box Number is Not Acceptable): 21 Fairhill Lane
83:
84 City: Palm Coast **FL** 85 Zip Code: 32137

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: Dorothy Monahan 4-7-95
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	ST	11 TITLE	ST	☒ Change ☐ Addition
NAME	WEIDEL, IDA MAE	12 NAME	Ada Haskell	
STREET ADDRESS	PO BOX 2364	13 STREET ADDRESS	34 Privacy Lane	
CITY-ST-ZIP	FLGLER BCH FL	14 CITY-ST-ZIP	Palm Coast FL 32137	
TITLE	PD	21 TITLE	P/D	☒ Change ☐ Addition
NAME	ROSS, WALTER	22 NAME	Arthur Monteverde	
STREET ADDRESS	17 CONTEE CT	23 STREET ADDRESS	82 Folsom Lane	
CITY-ST-ZIP	PALM COAST, FL 00000	24 CITY-ST-ZIP	~~Palm Coast Fl 32137~~	
TITLE	TD	31 TITLE	T/D	☒ Change ☐ Addition
NAME	NOREIKO, CONNIE	32 NAME	Dorothy Monahan	
STREET ADDRESS	1601 N CENTRAL AVE	33 STREET ADDRESS	21 Fairhill Lane	
CITY-ST-ZIP	FLGLER BEACH FL	34 CITY-ST-ZIP	~~Palm Coast Fl 32137~~	
TITLE	VD	41 TITLE	V/D	☒ Change ☐ Addition
NAME	MONTEVERDE, ARTHUR	42 NAME	John Evans	
STREET ADDRESS	82 FOLSOM LANE	43 STREET ADDRESS	13 Floral Ct.	
CITY-ST-ZIP	PALM COAST, FL 00000	44 CITY-ST-ZIP	Palm Coast Fl 32137	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		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)(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: Dorothy Monahan — Dorothy Monahan — 4-7-95 — 904-445-6926
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #