

FILE NOW: FILING FEE IS \$61.25

1 of 2

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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
04/17/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number
95-3740536

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

~~MONAHAN, DOROTHY~~
~~21 FAIRHILL LANE~~
~~PALM COAST FL 32137~~

Mr. Arthur Goepel
119 Cochise Ct.
Palm Coast, FL 32137-4306

81 Name

82 Street Address

83

84 City

Mr. Arthur Goepel
119 Cochise Ct.
Palm Coast, FL 32137-4306

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

TITLE	ST	DELETE
NAME	HASKELL, ADA	
STREET ADDRESS	34 PRIMACY LANE	
CITY-ST-ZIP	PALM COAST FL	
TITLE	TD	DELETE
NAME	MONAHAN, DOROTHY	
STREET ADDRESS	21 FAIRHILL LANE	
CITY-ST-ZIP	PALM COAST FL	
TITLE	VD	DELETE
NAME	EVANS, JOHN	
STREET ADDRESS	13 FLORAL CT	
CITY-ST-ZIP	PALM COAST FL	
TITLE	PO	DELETE
NAME	MONTEVERDE, ARTHUR	
STREET ADDRESS	82 FOLSOM LANE	
CITY-ST-ZIP	PALM COAST FL	
TITLE	RTG	DELETE
NAME	NIEDERSTRASSER	
STREET ADDRESS	14 CHESTNUT CT.	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	JM	DELETE
NAME	DECHMAN	
STREET ADDRESS	112 BRIDGEHAVEN DR.	
CITY-ST-ZIP	PALM COAST, FL 32137	

13. ADDITIONAL REGISTERED OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-ST-ZIP	Change	Addition
	BONNIE BOWER	2 AVALON LANE	PALM COAST, FL 32137	<input type="checkbox"/>	<input type="checkbox"/>
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY-ST-ZIP	Change	Addition
	Mr. Arthur Goepel	119 Cochise Ct.	Palm Coast, FL 32137-4306	<input checked="" type="checkbox"/>	<input type="checkbox"/>
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY-ST-ZIP	Change	Addition
	PRESIDENT	JOHN EVANS	13 FLORAL CT, PALM COAST, FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY-ST-ZIP	Change	Addition
	VICE PRESIDENT	RAY TORIA	31 WINNFIELD DR. PALM COAST, FL	<input type="checkbox"/>	<input type="checkbox"/>
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)

904-445-2514

President: John A. Evans
445-1701

1st Vice President: Kay Tobia
446-0901

2nd Vice President: Joseph A. Garvey
445-6412

Secretary: Bonnie Bower
446-4650

Treasurer: Arthur Goepel
445-2514

Asst. Treasurer: Connie Noreiko
439-4058

Board Members:

Rena Beckman	445-5092
Eunice Boatswain	445-0933
Kay Bors	445-6654
Edith Burns	445-7325
Jim Deckman	446-3168
Arthur Monteverde	445-4267
Ruth Niederstrasser	445-2232
Yetta Souders	445-2008
Walter Wehenkel	445-4646

**AARP Meeting on Mon
at St. Elizabeth**