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Feb 25 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mogham
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 32135-2230P.O. BOX 352230
PALM COAST FL 32135-22303. Date Incorporated or Qualified
06/15/19823a. Date of Last Report
04/11/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOEPEL, ARTHUR
119 COCHISE CT.
PALM COAST FL 32137-4306

81 Name

100002098011

82 Street Address (P.O. Box Number is not acceptable)

02/26/97 01010-028

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 T ☐ DELETENAME GOEPEL, ARTHUR
STREET ADDRESS 119 COCHISE CT.
CITY-ST-ZIP PALM COAST FL 32137-4306NO
CHANGESTITLE VD ☒ DELETENAME EVANS, JOHN
STREET ADDRESS 13 FLORAL CT
CITY-ST-ZIP PALM COAST FLTITLE P ☒ DELETENAME EVANS, JOHN
STREET ADDRESS 13 FLORAL CT.
CITY-ST-ZIP PALM COAST FLTITLE VP ☒ DELETENAME TOBIA, KAY
STREET ADDRESS 31 WINNFELD DR.
CITY-ST-ZIP PALM COURT FLTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE D

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE PD

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE D

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

WALTER WEHANKEL

85 PERSIMMONS DRIVE

PALM COAST, FL 32164

PRESIDENT

KAY TOBIA

31 WINNFELD DR.

PALM COAST, FL 32137

VICE PRESIDENT

JOSEPH GARVEY

2 OFFICE PARK DRIVE

PALM COURT

CONNIE NORELKOR

1601 N. CENTRAL AVE.

FLAGLER BEACH, FL, 32136

KAY TOBIA

P.O. BOX 350684

31 WINNFELD DRIVE

PALM COAST, FL 32135 PRESIDENT

ARTHUR MONTEVERDE

82 TOLSON LANE

PALM COAST, FL 32137

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone 8002827

CR2E037 (9/96)

904-445-2514