

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 11 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **764089** (9)  
1. Corporation Name  
**JACKSON COUNTY CHAPTER #3486 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.**

Principal Place of Business  
**3284 CAVERNS RD.  
MARIANNA FL 32446-1887**

Mailing Address  
**3284 CAVERNS RD.  
MARIANNA FL 32446-1887**

2. Principal Place of Business 21 <b>5291 LIMESTONE LANE</b> Suite, Apt. #, etc. 22 <b>MARIANNA</b> City & State 23 <b>FLORIDA</b> Zip 24 <b>32446</b>	2a. Mailing Address 26 <b>5291 LIMESTONE LANE</b> Suite, Apt. #, etc. 27 City & State 28 <b>MARIANNA, FL</b> Zip 29 <b>32446</b> Country 30 <b>USA.</b>
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3. Date Incorporated or Qualified  
**07/08/1982**

4. FEI Number  
**59-3741820**

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**

7. Is this nonprofit corporation a homeowners association?  
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
☐ Yes ☒ No

9. Name and Address of Current Registered Agent  
**SANSON, JUANITA  
3284 CAVERNS RD.  
MARIANNA FL 32446-1887**

10. Name and Address of New Registered Agent

81 Name <b>DOUG ROBBINS</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>5291 LIMESTONE LANE</b>
83
84 City <b>MARIANNA</b>
85 Zip Code <b>FL 32446</b>

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 *Doug Robbins*  
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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD SANSON, JUANITA 3284 CAVERNS RD. MARIANNA FL 32446-1887</b> <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV COX, HELEN 2867 TURNER ROAD MARIANNA FL 32448</b> <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV SANSON, TOM 3284 CAVERNS RD. MARIANNA FL 32446-1887</b> <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS BARRUS, GLORIA 4116 PARK PLACE MARIANNA FL 32446</b> <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT BEVIS, FRANCES 4376 KELLY STREET MARIANNA FL 32446</b> <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MCGILL, BECKY 4898 FLYNT DR MARIANNA FL 32446</b> <input checked="" type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>PD DOUG ROBBINS 5291 LIMESTONE LANE MARIANNA, FL 32446</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<b>DT JUANITA SANSON 3284 CAVERNS RD. MARIANNA, FL 32446-1887</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<b>D MARTHA SCHWENCKE 3207 BUMP NOSE RD. MARIANNA, FL 32446</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I 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: *Doug Robbins*

CR2E037 (10/97)