

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91056 026 ****61.25

DOCUMENT # 764089

1. Entity Name

**JACKSON COUNTY CHAPTER #3486 OF AMERICAN
ASSOCIATION OF RETIRED PERSONS, INC.**



Principal Place of Business

**3003 CHASE WAY
MARIANNA FL 32446
US**

Mailing Address

**P.O. BOX 724
MARIANNA FL 32447**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3741820

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COINERFORD, LINDA M
2473 POPULAR SPRINGS RD
MARIANNA FL 32446**

Name **Daisie Schoultheis**

Street Address (P.O. Box Number is Not Acceptable)

2932 Wildwood Circle

City **Marianna**

FL

Zip Code **32448**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Daisie B. Schoultheis* **Daisie B. Schoultheis**

4-22-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete
NAME **COMERFORD, LINDA**
STREET ADDRESS **2473 POPULAR SPRINGS RD**
CITY-ST-ZIP **MARIANNA FL 32446**

TITLE **VPD** ☒ Delete
NAME **BARRIS, GLORIA**
STREET ADDRESS **4116 PARK PL**
CITY-ST-ZIP **MARIANNA FL 32446**

TITLE **S** ☒ Delete
NAME **VLIEO, LEOLA**
STREET ADDRESS **4060 THOMASVILLE LN**
CITY-ST-ZIP **MARIANNA FL 32448**

TITLE **D** ☐ Delete
NAME **BARRIS, GLORIA**
STREET ADDRESS **4116 PARK PL**
CITY-ST-ZIP **MARIANNA FL 32446**

TITLE **D** ☐ Delete
NAME **SCHOULTHEIS, VICTOR**
STREET ADDRESS **2432 WILDWOOD CIRCLE**
CITY-ST-ZIP **MARIANNA FL 32446**

TITLE **T** ☒ Delete
NAME **MERCER, LEOLA**
STREET ADDRESS **4376 SANDS CT**
CITY-ST-ZIP **MARIANNA FL 32446**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Daisie Schoultheis** ☒ Change ☐ Addition
NAME **2932 Wildwood Circle**
STREET ADDRESS **Marianna, FL 32448**
CITY-ST-ZIP

TITLE **Jim Roberts** ☒ Change ☐ Addition
NAME **3362 Caverns Rd.**
STREET ADDRESS **Marianna, FL 32446**
CITY-ST-ZIP

TITLE **Mary Frances Deese** ☒ Change ☐ Addition
NAME **3391 Peanut Road**
STREET ADDRESS **Cottondale, FL 32431**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Leola Vlieg** ☒ Change ☐ Addition
NAME **4060 Thomasville Lane**
STREET ADDRESS **Marianna, FL 32448**
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Leola Vlieg* **Leola Vlieg**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-04 (850) 482-2482

Date

Daytime Phone #