

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90215 029 \*\*\*\*61.25

**DOCUMENT # 764089**

1. Entity Name

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



Principal Place of Business

Mailing Address

**3003 CHASE WAY  
MARIANNA FL 32446  
US**

**2901 Caledonia St  
P.O. Box 724  
MARIANNA FL 32447**

**P.O. Box 724**

**50019607**



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

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

**SCHOALTHEIS, DAISE  
2932 WILD WOOD CIR  
MARIANNA FL 32448**

Name

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

City

**FL**

Zip Code

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

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, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete  
NAME **SCHOULTHEIS, DAISEI**  
STREET ADDRESS **2932 WILD WOOD CIR**  
CITY-ST-ZIP **MARIANNA FL 32448**

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

TITLE **VPD** ☐ Delete  
NAME **ROBERTS, JIM**  
STREET ADDRESS **3362 CAVERNS RD.**  
CITY-ST-ZIP **MARIANNA FL 32446**

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

TITLE **S** ☐ Delete  
NAME **FRANCES DEESE, MARY**  
STREET ADDRESS **3391 PEANUT RD.**  
CITY-ST-ZIP **COTTONDALE FL 32431**

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

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

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

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

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

TITLE **T** ☐ Delete  
NAME **VLIEG, LEOLA**  
STREET ADDRESS **4060 THOMASVILLE LANE**  
CITY-ST-ZIP **MARIANNA FL 32448**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: *Daise B. Schoultheis***

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-21-05**

Date

**850-482-7093**

Daytime Phone #