

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90077 019 ****61.25

DOCUMENT # 764089

1. Entity Name

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



Principal Place of Business

2901 CALEDONIA ST
MARIANNA FL 32446
US

Mailing Address

P.O. BOX 724
MARIANNA FL 32447

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

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

SCHOALTHEIS, DAISIE
2932 WILD WOOD CIR
MARIANNA FL 32448

7. Name and Address of New Registered Agent

Name

JIM ROBERTS

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

3362 CAVERNS ROAD

City

MARIANNA,

FL

Zip Code

32446

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

JIM ROBERTS, PRESIDENT
[Signature]

Signature of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

02/01/06
DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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 SCHOULTHEIS, DAISIE
STREET ADDRESS 2932 WILD WOOD CIR
CITY-ST-ZIP MARIANNA FL 32448

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

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

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 VLIEG, LEOLA
STREET ADDRESS 4060 THOMASVILLE LANE
CITY-ST-ZIP MARIANNA FL 32448

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PRESIDENT ☒ Change ☐ Addition
NAME JIM ROBERTS
STREET ADDRESS 3362 CAVERNS RD
CITY-ST-ZIP MARIANNA, FL 32446

TITLE VICE-PRESIDENT ☒ Change ☐ Addition
NAME DAISIE SCHOULTHEIS (DAISIE)
STREET ADDRESS 2932 WILDWOOD CIRCLE
CITY-ST-ZIP MARIANNA, FL 32448

TITLE SECRETARY ☒ Change ☐ Addition
NAME CHERYL LACKEY
STREET ADDRESS 6050 MELLOW TRAIL
CITY-ST-ZIP MARIANNA, FL 32446

TITLE LEOLA VLIEG DIRECTOR ☒ Change ☐ Addition
NAME LEOLA VLIEG
STREET ADDRESS 4060 THOMASVILLE LANE
CITY-ST-ZIP MARIANNA, FL 32448

TITLE DIRECTOR ☒ Change ☐ Addition
NAME MARY FRANCES DEESE
STREET ADDRESS 3391 PEANUT ROAD
CITY-ST-ZIP COTTONDALE, FL 32431

TITLE TREASURER ☒ Change ☐ Addition
NAME MARY CORBET
STREET ADDRESS 4260 KIMBELL ROAD
CITY-ST-ZIP GREENWOOD, FL 32443

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

JIM ROBERTS, PRESIDENT
[Signature]

02/01/06 850/718-7340