

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90016 047 ****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 - No P.O. Box #

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

ROBERTS, JIM
3362 CAVERNS RD.
MARIANNA FL 32446

7. Name and Address of New Registered Agent

Name **Conley, Jerry**

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

4740 Meadowview Rd.

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

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

(NOTE: Registered Agent signature required when Amending)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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 SCHULTHEIS, DAISEI
STREET ADDRESS 2932 WILD WOOD CIR
CITY - ST - ZIP MARIANNA FL 32448

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

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

TITLE S ☐ Delete
NAME LACKEY, CHERYL
STREET ADDRESS 6050 MELLOW TRAIL
CITY - ST - ZIP MARIANNA FL 32446

TITLE T ☒ Delete
NAME GORBET, MARY
STREET ADDRESS 4260 KIMBELL ROAD
CITY - ST - ZIP GREENWOOD FL 32443

TITLE D ☒ 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 P ☒ Change ☐ Addition
NAME **Conley, Jerry**
STREET ADDRESS **4740 Meadowview Rd.**
CITY - ST - ZIP **Marianna, FL. 32446**

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

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

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

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

TITLE ☒ Change ☐ Addition
NAME **D Roberts, Jim**
STREET ADDRESS **3362 Caverns Rd.**
CITY - ST - ZIP **Marianna, FL. 32448**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Leola Vlieg Tress, Leola Vlieg 2-12-07 850-482-2282