

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764089

FILED
Mar 02, 2009
Secretary of State

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

Current Principal Place of Business:

2901 CALEDONIA ST
MARIANNA, FL 32446 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 724
MARIANNA, FL 32447

New Mailing Address:

FEI Number: 59-3741820

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONLEY, JERRY
4740 MEADOWVIEW RD.
MARIANNA, FL 32446 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CONLEY, JERRY
Address: 4740 MEADOWVIEW RD.
City-St-Zip: MARIANNA, FL 32446

Title: VP () Delete
Name: SCHULTHEIS, DAISIE
Address: 2932 WILDWOOD CIRCLE
City-St-Zip: MARIANNA, FL 32448

Title: S () Delete
Name: LACKEY, CHERYL
Address: 6050 MELLOW TRAIL
City-St-Zip: MARIANNA, FL 32446

Title: T () Delete
Name: VLIEG, LEOLA
Address: 4060 THOMASVILLE LANE
City-St-Zip: MARIANNA, FL 32448

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: ROBERTS, J M
Address: 3362 CAVERNS ROAD
City-St-Zip: MARIANNA, FL 32446

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEOLA VLIEG

TREA

03/02/2009

Electronic Signature of Signing Officer or Director

Date