

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 765364 (5)

1. Corporation Name

FOREST HILLS CHAPTER #3511 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.



Principal Place of Business

Mailing Address

**C/O GUY HARRIS
14020 CAPITOL DRIVE
TAMPA FL 33613**

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14020 CAPITOL DRIVE
TAMPA FL 33613**

3. Date Incorporated or Qualified
10/25/1982

3a. Date of Last Report
09/25/1995

2. Principal Place of Business

2a. Mailing Address

21

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4. FEI Number

95-3767834

Applied For

Not Applicable

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5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

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6. Election Campaign Financing Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HARRIS, GUY
14020 CAPITOL DRIVE
TAMPA FL 33613**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Guy Harris - Treasurer

(Guy Harris)

03/07/96

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

(NOTE: Registered Agent signature required when reconstituting)

Date

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PD HORANZY, ALINE**
STREET ADDRESS **227 PALM DRIVE**
CITY-ST-ZIP **TAMPA FL 33619**

TITLE ☒ DELETE
NAME **VD WHITMER, CAROL**
STREET ADDRESS **1619 W. KNOLLWOOD AVENUE**
CITY-ST-ZIP **TAMPA FL 33604**

TITLE ☐ DELETE
NAME **SD PARRISH, MARY JANE**
STREET ADDRESS **2323 FERN PLACE**
CITY-ST-ZIP **TAMPA FL 33604**

TITLE ☐ DELETE
NAME **TD HARRIS, GUY**
STREET ADDRESS **12020 CAPITOL DRIVE**
CITY-ST-ZIP **TAMPA FL 33613**

TITLE ☐ DELETE
NAME **D PICA, MARILYN**
STREET ADDRESS **16608 BRIGADOON DRIVE**
CITY-ST-ZIP **TAMPA FL 33618**

TITLE ☐ DELETE
NAME **D PICA, FRED**
STREET ADDRESS **16608 BRIGADOON DRIVE**
CITY-ST-ZIP **TAMPA FL 33618**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **VD Young, Edward**
2.3 STREET ADDRESS **215 Grand Central Ave No 318**
2.4 CITY-ST-ZIP **Tampa, FL 33606**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Guy Harris (Guy Harris)

03/07/96

(813) 961-3876

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number

CR2E037 (12/95)