

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 # **766022** (8)

1. Corporation Name

MANDARIN CHAPTER #3532 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.



Principal Place of Business

Mailing Address

**11554 BASKERVILLE ROAD
JACKSONVILLE FL 32223**

**11554 BASKERVILLE ROAD
JACKSONVILLE FL 32223**

3. Date Incorporated or Qualified
12/07/1982

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

2. Principal Place of Business

2a. Mailing Address

21 **9439 San Jose Blvd.**

26 **9439 San Jose Blvd.**

4. FEI Number

95-3781647

Applied For

Not Applicable

Suite, Apt. #, etc.

22 **Apt. 184**

Suite, Apt. #, etc.

27 **Apt. 184**

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

City & State

23 **Jacksonville, Florida**

City & State

28 **Jacksonville, Florida**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

Zip

24 **32257**

Country

25 **Dual Co. USA**

Zip

29 **32257**

Country

30 **Dual Co. USA**

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

**TAYLOR, JAMES H
3128 CORMORANT DR
JACKSONVILLE FL 32223**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **V** ☒ DELETE
NAME **ROUSHEY, RUTH**
STREET ADDRESS **9439 SAN JOSE BLVD.**
CITY-ST-ZIP **JACKSONVILLE, FL 00000**

TITLE **V** ☐ DELETE
NAME **HOLT, MILO H**
STREET ADDRESS **9439 SAN JOSE BLVD. #184**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **S** ☒ DELETE
NAME **KLAASE, CORALIE**
STREET ADDRESS **3556 EQUESTRIAN CT**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **T** ☒ DELETE
NAME **KEITES, BERTHA**
STREET ADDRESS **3217 CRACKER CART LN.**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☒ DELETE
NAME **FARKAS, ANTHONY**
STREET ADDRESS **3684 BARBIZON CIRCLE N**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☒ DELETE
NAME **SPOHR, HAROLD**
STREET ADDRESS **1636 FRUIT COVE WOODS**
CITY-ST-ZIP **JACKSONVILLE FL**

1.1 TITLE **P** ☒ Change ☐ Addition
1.2 NAME **MILO H. HOLT**
1.3 STREET ADDRESS **9439 San Jose Blvd, No. 184**
1.4 CITY-ST-ZIP **Jacksonville, Florida 32257**

2.1 TITLE **V** ☐ Change ☒ Addition
2.2 NAME **VAL S. LAMB**
2.3 STREET ADDRESS **4321 Plazagates Lane, No. 101**
2.4 CITY-ST-ZIP **Jacksonville, Florida 32217**

3.1 TITLE **S** ☐ Change ☒ Addition
3.2 NAME **Robert Fitzpatrick**
3.3 STREET ADDRESS **11554 Baskerville Road**
3.4 CITY-ST-ZIP **Jacksonville, Florida 32223**

4.1 TITLE **T** ☐ Change ☒ Addition
4.2 NAME **LUKE CARROLL**
4.3 STREET ADDRESS **11285 Sawmill Road**
4.4 CITY-ST-ZIP **Jacksonville, Florida 32225**

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **JAMES H. TAYLOR**
5.3 STREET ADDRESS **3128 Cormorant Drive**
5.4 CITY-ST-ZIP **Jacksonville, Florida 32223**

6.1 TITLE **D** ☐ Change ☒ Addition
6.2 NAME **VIVIAN RISH**
6.3 STREET ADDRESS **3933 Pritmore Road, No. 126**
6.4 CITY-ST-ZIP **Jacksonville, Florida 32257**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LUKE CARROLL, TREASURER & BOARD MEMBER April 26, 1996

Date

Daytime Phone #

CR2E037 (12/95)