


FILE NOW: FILING FEE IS \$61.25

FILED
Jun 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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
F RETIRED PERSONS, INC.**



Principal Place of Business 9439 SAN JOSE BLVD APT 184 JACKSONVILLE FL 32257 US	Mailing Address 9439 SAN JOSE BLVD APT 184 JACKSONVILLE FL 32257-5547 US
---	--

2. Principal Place of Business 21 9439 San Jose Blvd. Suite, Apt. #, etc. 22 Apt. 184 City & State 23 Jacksonville, Florida Zip 24 32257 Country 25	2a. Mailing Address 26 9439 San Jose Blvd. Suite, Apt. #, etc. 27 Apt. 184 City & State 28 Jacksonville, Florida Zip 29 32257 Country 30
---	--

3. Date Incorporated or Qualified 12/07/1982	3a. Date of Last Report 05/01/1996
--	--

4. FEI Number 95-3781647	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---

6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
--	--

6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent TAYLOR, JAMES H 3128 CORMORANT DR JACKSONVILLE FL 32223

10. Name and Address of New Registered Agent 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	
TITLE	<input type="checkbox"/> DELETE
NAME	P HOLT, MILO
STREET ADDRESS	9439 SAN JOSE BLVD NO 184
CITY-ST-ZIP	JACKSONVILLE, FL 00000
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	V HOLT, MILO H
STREET ADDRESS	9439 SAN JOSE BLVD. #184
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	<input type="checkbox"/> DELETE
NAME	S FITZPATRICK, ROBERT
STREET ADDRESS	11554 BASKERVILLE ROAD
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	<input type="checkbox"/> DELETE
NAME	T CARROLL, LUKE
STREET ADDRESS	11285 SAWMILL ROAD
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	<input type="checkbox"/> DELETE
NAME	D TAYLOR, JAME SH
STREET ADDRESS	3128 CARMORANT DRIVE
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D RISH, VIVIAN
STREET ADDRESS	3933 PRITMORE ROAD #128
CITY-ST-ZIP	JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	V VAL S. LAMB
1.3 STREET ADDRESS	4327 Plazagates Lane, No. 101
1.4 CITY-ST-ZIP	Jacksonville, Florida 32217
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D ANNE K. SCUDDER
2.3 STREET ADDRESS	12507 Muscovy Drive
2.4 CITY-ST-ZIP	Jacksonville, Florida 32223
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 _____ Date _____

CR2E037 (9/96)