

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **766360** (2)

1. Corporation Name

**FORT CAROLINE CHAPTER #3545 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.**



Principal Place of Business

Mailing Address

**8510 FT CAROLINE ROAD  
JACKSONVILLE FL 32211**

**8510 FT. CAROLINE RD.  
JACKSONVILLE FL 32277**

3. Date Incorporated or Qualified  
**12/30/1982**

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

2. Principal Place of Business

2a. Mailing Address

21 *as above*

26 *as above*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

Country

29 Zip

Country

4. FEI Number

**95-3789941**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign financing  
Trust Fund Contribution

☐

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

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

**WELCH, GLADYS E  
830 ARLINGTON RIVER DR  
112 CIMMARON APTS  
JACKSONVILLE FL 32211**

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 re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **TD  
WELCH, GLADYS E**  
STREET ADDRESS **830 ARLTN RIVER DR.#112**  
CITY-ST-ZIP **JACKSONVILLE, FL 00000**

1.1 TITLE ☒ Change ☐ Addition

TITLE ☐ DELETE

NAME **DS  
PENTACOST, SYLVIA**  
STREET ADDRESS **1701 ASHMORE GREEN DR.**  
CITY-ST-ZIP **JACKSONVILLE FL 32246**

2.1 TITLE ☒ Change ☐ Addition

TITLE ☐ DELETE

NAME **DP  
HANSON, EDITH**  
STREET ADDRESS **P.O. BOX 8496, N/A**  
CITY-ST-ZIP **JACKSONVILLE FL 32239**

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **DVP  
GATEWOOD, MARJORIE**  
STREET ADDRESS **6011 PEELER RD.**  
CITY-ST-ZIP **JACKSONVILLE FL 32277**

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **BVP  
TOMLINSON, MARILYN**  
STREET ADDRESS **3635 RIVEREDGE DR.**  
CITY-ST-ZIP **JACKSONVILLE, FL. 32217**

5.1 TITLE ☐ Change ☒ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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:

**GLADYS E. WELCH TREAS.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Gladys E. Welch* 3/18/96 (904) 724-8625  
Date Phone #

CR2E037 (12/95)