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FILED

Feb 18 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 322118510 FT. CAROLINE RD.
JACKSONVILLE FL 32277-28743. Date Incorporated or Qualified
12/30/19823a. Date of Last Report
03/22/1996

2. Principal Place of Business

2a. Mailing Address

21 FT. CAROLINE METHUEN

26

4. FEI Number

95-3789941

Applied For

Not Applicable

Suite, Apt #, etc.

Suite, Apt #, etc.

22 8510 FT. CAROLINE RD.

27

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

City & State

23 JACKSONVILLE, FL.

28

6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees

Zip

County

Zip

Country

24 3227 25

29

30

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TD ☐ DELETE
NAME WELCH, GLADYS E
STREET ADDRESS 830 ARLTN RIVER DR.#112
CITY-ST-ZIP JACKSONVILLE, FL 000001.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME PENTACOST, SYLVIA
STREET ADDRESS 1701 ASHMORE GREEN DR.
CITY-ST-ZIP JACKSONVILLE FL2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE DP ☐ DELETE
NAME HANSON, EDITH
STREET ADDRESS P.O. BOX 8496, N/A
CITY-ST-ZIP JACKSONVILLE FL 322393.1 TITLE DIRECTOR ☒ Change ☐ Addition
3.2 NAME HANSON, EDITH
3.3 STREET ADDRESS 501 N. OCEAN ST. #1612
3.4 CITY-ST-ZIP JACKSONVILLE, FL 32202TITLE DS ☒ DELETE
NAME GATEWOOD, MARJORIE
STREET ADDRESS 6011 PEELER RD.
CITY-ST-ZIP JACKSONVILLE FL4.1 TITLE DS ☒ Change ☐ Addition
4.2 NAME HARKEY, ELIZABETH
4.3 STREET ADDRESS 8331 MANA VISTA ST.
4.4 CITY-ST-ZIP JACKSONVILLE, FL 32211TITLE DVP ☒ DELETE
NAME TOMLINSON, MARILYN
STREET ADDRESS 3835 RIVEREDGE DR
CITY-ST-ZIP JACKSONVILLE FL5.1 TITLE P ☒ Change ☐ Addition
5.2 NAME TOMLINSON, MARILYN
5.3 STREET ADDRESS 3835 RIVEREDGE DR.
5.4 CITY-ST-ZIP JACKSONVILLETITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 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 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:

SIGNATURE REQUIRED

Gladys E. Welch, Inc. 2/18/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0007122

CR2E037 (9/96)