

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 # **766873** (4)

1. Corporation Name

GREATER KEYSTONE CHAPTER #3555 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.



Principal Place of Business

Mailing Address

17702 SIMMS ROAD
ODESSA FL 33556

17702 SIMMS ROAD
ODESSA FL 33556

3. Date Incorporated or Qualified
02/08/1983

3a. Date of Last Report
03/22/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BINDER, HENRY
17702 SIMMS ROAD
ODESSA FL 33556

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 **SD** ☐ DELETE
NAME **GENRE, LARRY**
STREET ADDRESS **19030 ROGERS ROAD**
CITY-ST-ZIP **ODESSA FL 33556**

1.1 TITLE **P** ☐ Change ☒ Addition
1.2 NAME **Mayre Minardi**
1.3 STREET ADDRESS **17504 Darby Lane**
1.4 CITY-ST-ZIP **Lutz FL 33549**

TITLE **D** ☒ DELETE
NAME **JACKSON, DOROTHY**
STREET ADDRESS **19110 ROGERS ROAD**
CITY-ST-ZIP **ODESSA FL 33556**

2.1 TITLE **VP D** ☐ Change ☒ Addition
2.2 NAME **Fred Schoenborn**
2.3 STREET ADDRESS **8410 N. Mobley Road**
2.4 CITY-ST-ZIP **Odessa FL 33556**

TITLE **TD** ☒ DELETE
NAME **PHILLIPS, A.B.**
STREET ADDRESS **8302 JANA DR**
CITY-ST-ZIP **ODESSA FL**

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

TITLE **D** ☐ DELETE
NAME **COLE, MIRIAM**
STREET ADDRESS **7217 CYPRESS LAKE DR**
CITY-ST-ZIP **ODESSA FL**

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

TITLE **D** ☒ DELETE
NAME **POTTS, MARGARET**
STREET ADDRESS **18010 CRAWLEY RD**
CITY-ST-ZIP **ODESSA FL**

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

TITLE **PD** ☒ DELETE
NAME **SKINNER, BRUCE L**
STREET ADDRESS **P.O. BOX 146 N/A**
CITY-ST-ZIP **ODESSA FL 33556**

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: *Mayre Minardi*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Mayre Minardi, President

2/5/96

813 961-3578

Date

Daytime Phone #

CR2E037 (12/95)