


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 23 1998 8:00am
Secretary of State

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | 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

4. FEI Number

95-3795770

Applied For

Not Applicable

| | | | |
|--------------------------------|------------------------|---------------------|-----------------|
| 2. Principal Place of Business | | 2a. Mailing Address | |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. | 27 City & State | 28 City & State |
| 23 Zip | 25 Country | 29 Zip | 30 Country |

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

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 |
| 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 | SD <input type="checkbox"/> DELETE |
| NAME | GENRE, LARRY |
| STREET ADDRESS | 19030 ROGERS ROAD |
| CITY - ST - ZIP | ODESSA FL 33556 |
| TITLE | TD <input type="checkbox"/> DELETE |
| NAME | BRUCE L. SKINNER |
| STREET ADDRESS | 18026 BROWN RD. |
| CITY - ST - ZIP | ODESSA FL |
| TITLE | D <input checked="" type="checkbox"/> DELETE |
| NAME | FRED SCHOENBORN - |
| STREET ADDRESS | 3410 N. MOBLEY RD. |
| CITY - ST - ZIP | ODESSA FL |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | MAYRE MINARDI |
| STREET ADDRESS | 17504 DARBY LANE |
| CITY - ST - ZIP | LUTZ FL |
| TITLE | VPO <input checked="" type="checkbox"/> DELETE |
| NAME | VIVIAN KORTUM |
| STREET ADDRESS | 15446 LAKESHORE VILLA CIR. |
| CITY - ST - ZIP | TAMPA FL |
| TITLE | PD <input type="checkbox"/> DELETE |
| NAME | ELSIE SKINNER |
| STREET ADDRESS | 18026 BROWN RD. |
| CITY - ST - ZIP | ODESSA FL |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|
| 1.1 TITLE | Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | Dorothy Jackson |
| 1.3 STREET ADDRESS | 19110 Rogers Road |
| 1.4 CITY - ST - ZIP | Odessa FL 33556 |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 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 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:

April 8, 1998 813 920-6422

CR2E037 (10/97)