

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 # 768326 (1)

1. Corporation Name

SUWANNEE CHAPTER #3574 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.



Principal Place of Business

Mailing Address

P.O. BOX 344, HIGHWAY 349
SUWANNEE FL 32692

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SUWANNEE FL 32692

3. Date Incorporated or Qualified

05/09/1983

3a. Date of Last Report

02/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

95-3827764

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

**GULICK, JAMES
252 LEON DRIVE
SUWANNEE FL 32692**

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 PD
NAME LAVINE, LAWRENCE
STREET ADDRESS STAR ROUTE, BOX 24, "N/A"
CITY-ST-ZIP STEINHATCHEE FL 32359 ☒ DELETE

TITLE VD
NAME POHLMAN, JUNE
STREET ADDRESS MULLETT RD., P.O. BOX 13 N/A
CITY-ST-ZIP SUWANNEE FL 32692 ☐ DELETE

TITLE SD
NAME WRIGHT, MARGARET
STREET ADDRESS P. O. BOX 130, "N/A"
CITY-ST-ZIP SUWANNEE FL 32692-0130 ☒ DELETE

TITLE TD
NAME ANSTINE, M. ALVA
STREET ADDRESS P. O. BOX 159, "N/A"
CITY-ST-ZIP SUWANNEE FL 32692-0159 ☐ DELETE

TITLE D
NAME GATH, BASIL
STREET ADDRESS CANAL ST. N/A
CITY-ST-ZIP SUWANNEE FL ☒ DELETE

TITLE D
NAME GULICK, JAMES
STREET ADDRESS 252 LEON DR.
CITY-ST-ZIP SUWANNEE FL 32692 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME FRANK MOORE
1.3 STREET ADDRESS P O BOX 298
1.4 CITY-ST-ZIP SUWANNEE FL 32692-0298 ☒ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE SD
3.2 NAME SUSIE HILL
3.3 STREET ADDRESS P O Box 334
3.4 CITY-ST-ZIP SUWANNEE FL 32692-0334 ☒ Change ☒ Addition

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ 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: TREASURER M. ALVA ANSTINE M. Alva Anstine 23 Feb 96 952-542-3446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)