

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 # **771178** (1)

1. Corporation Name

WILLIAMSBURG CHAPTER #3628 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business

Mailing Address

**LAKERIDGE CLUBHOUSE
10630 LARISSA ST
ORLANDO FL 32821
US**

**5010 LOYOLA LANE
ORLANDO FL 32821
US**



3. Date Incorporated or Qualified

11/10/1983

3a. Date of Last Report

03/08/1995

4. FEI Number

33-0004642

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐

Yes ☐ No

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

**JOHNSON, EDGAR W.
5010 LOYOLA LANE
ORLANDO FL 32821**

81 Name

George E. Skeet

82 Street Address (P.O. Box Number is Not Acceptable)

11713 Sandy Hill Drive

83

84

City **Orlando, Florida**

FL

85 Zip Code **32821**

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

George E. Skeet

George E. Skeet, President

4/16/96

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 ☐ DELETE

NAME **D PORTER, GERTRUDE E**
STREET ADDRESS **5564 SASSPARILLA LN**
CITY-ST-ZIP **ORLANDO FL 32821**

TITLE ☐ DELETE

NAME **V HIRSCH, EDWARD**
STREET ADDRESS **5504 SCARINGTON CT W**
CITY-ST-ZIP **ORLANDO FL 32821**

TITLE ☒ DELETE

NAME **P JOHNSON, EDGAR**
STREET ADDRESS **5010 LOYOLA LN**
CITY-ST-ZIP **ORLANDO FL 32821**

TITLE ☒ DELETE

NAME **S ERICHSEN, GRACE**
STREET ADDRESS **10707 LARISSA ST**
CITY-ST-ZIP **ORLANDO FL 32821**

TITLE ☐ DELETE

NAME **D LYNCH, MARY**
STREET ADDRESS **10345 MANILA BAY DR.**
CITY-ST-ZIP **ORLANDO FL 32821**

TITLE ☐ DELETE

NAME **T GOSS, LOIS A**
STREET ADDRESS **10004 GANNON LANE**
CITY-ST-ZIP **ORLANDO FL 32821**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**President
George E. Skeet
11713 Dandy Hill Drive
Orlando, Florida 32821**

**Secretary
Frances Murawski
5620 Minaret Court
Orlando, Florida 32821**

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:

George E. Skeet

George E. Skeet, President

4/16/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)