

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 # N03698 (0)

1. Corporation Name

WEST ORANGE CHAPTER #3697 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.



Principal Place of Business
675 W. ST. RD. 50
~~666 LONDON BRIDGE RD.~~
WINTER GARDEN FL 34787

Mailing Address
12020 MARSHALL FARMS RD
~~666 LONDON BRIDGE RD.~~
WINTER GARDEN FL 34787

3. Date Incorporated or Qualified **06/15/1984** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business
21 HYDE PARK MBL. PK. 2a. Mailing Address
26 VIOLET FRANKS

Suite, Apt. #, etc.
22 675 W. ST. RD. 50 27 **12020 MARSHALL FARMS RD.**

City & State
23 WINTER GARDEN 28 **WINTER GARDEN**

Zip Country
24 34787 25 USA 29 **34787 30 USA.**

4. FEI Number
33-0042706 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

SMITH, GRACE
780 LONDON BRIDGE
WINTER GARDEN FL 34787

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 *Grace Smith* **2-5-96**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROMAR, BERTHA		1.2 NAME	VIOLET FRANKS	
STREET ADDRESS	656 LONDON BRIDGE RD.		1.3 STREET ADDRESS	12020 MARSHALL FARMS RD	
CITY-ST-ZIP	WINTER GARDEN FL 34787		1.4 CITY-ST-ZIP	WINTER GARDEN, FL. 34787	
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORSETTI, FRED		2.2 NAME		
STREET ADDRESS	125P WINDTREE LA		2.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER GARDEN FL 34787		2.4 CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERCHANT, DORIS		3.2 NAME		
STREET ADDRESS	790 LONDON BRIDGE RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER GARDEN FL 34787		3.4 CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHANER, MARY JANE		4.2 NAME		
STREET ADDRESS	815 ORANGE AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	OCOE FL		4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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: *Violet Franks* **2/5/96** **(407) 656-9636**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)