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FILED

Feb 10 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

**HYDE PARK MBL. PK.
675 WEST STATE ROAD 50
WINTER GARDEN FL 34787
US**

Mailing Address

**VIOLET FRANKS
12020 MARSHALL FARMS ROAD
WINTER GARDEN FL 34787-4480
US**3. Date Incorporated or Qualified
06/15/19843a. Date of Last Report
02/09/1996

2. Principal Place of Business

21

2a. Mailing Address

26**818 BORDERS CIR.**

Suite, Apt. #, etc.

27**APT 111**

City & State

28**ORLANDO, FL**

Zip

29**32808**

Country

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

**SMITH, GRACE
780 LONDON BRIDGE
WINTER GARDEN FL 34787**

10. Name and Address of New Registered Agent

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
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** ☐ DELETE
NAME **FRANKS, VIOLET**
STREET ADDRESS **12020 MARSHALL FARMS ROAD**
CITY-ST-ZIP **WINTER GARDEN FL**TITLE **VD** ☒ DELETE
NAME **BORSETTI, FRED**
STREET ADDRESS **125P WINDTREE LA**
CITY-ST-ZIP **WINTER GARDEN FL 34787**TITLE **SD** ☐ DELETE
NAME **MERCHANT, DORIS**
STREET ADDRESS **790 LONDON BRIDGE RD**
CITY-ST-ZIP **WINTER GARDEN FL 34787**TITLE **TD** ☐ DELETE
NAME **SHANER, MARY JANE**
STREET ADDRESS **815 ORANGE AVE**
CITY-ST-ZIP **OCFEE FL**TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **818 BORDERS CIR, APT 111**
1.4 CITY-ST-ZIP **ORLANDO, FL 32808**2.1 TITLE **VD** ☒ Change ☐ Addition
2.2 NAME **CHARLOTTE ROBINSON**
2.3 STREET ADDRESS **610 ROYAL OAK**
2.4 CITY-ST-ZIP **WINTER GARDEN, FL 32787**3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 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 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:

Violet Franks **REQUIRED****2/3/97****(407) 522-6276**

CR2E037 (9/96)