

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 # N03822 (6)

1. Corporation Name

PINECASTLE CHAPTER #3696 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.



Principal Place of Business

Mailing Address

AMERICAN LEGION HALL
529 FAIRLANE AVENUE
ORLANDO FL 32809
US

5238 OAK ISLAND ROAD
ORLANDO FL 32809

3. Date Incorporated or Qualified
06/21/1984

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 26 3107 TRENTWOOD BLVD

4. FEI Number
33-0043508

Applied For
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

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

23 City & State

28 ORLANDO FL

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

24 Zip Country

29 32812 30 ORANGE

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

MC DOUGALL, VICTORIA
5238 OAK ISLAND ROAD
ORLANDO FL 32809

81 Name J. D. WELLS
82 Street Address (P.O. Box Number is Not Acceptable) 3107 TRENTWOOD BLVD
83
84 City ORLANDO FL 85 Zip Code 32812

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

J. D. WELLS J. D. WELLS TREAS

11 Apr 96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	WELLS, DOUGLAS	
STREET ADDRESS	3107 TRENTWOOD BLVD.	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MILLER, DAVID	
STREET ADDRESS	2306 MACE STREET	
CITY-ST-ZIP	ORLANDO FL 32839	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	LITCHFIELD, WALTER	
STREET ADDRESS	6658 MATCHETT ROAD	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	STRAN, HELEN	
STREET ADDRESS	6801 WILLOUGH LANE	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	MCDUGALL, VICTORIA	
STREET ADDRESS	5238 OAK ISLAND ROAD	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	STRAIN, HELEN	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input checked="" 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 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: J. D. WELLS, TREAS. 11 Apr 96 407-851-6030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)