

FILE NOW: FILING FEE IS \$61.25

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Mar 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N03822 (6)
1. Corporation Name
PINECASTLE CHAPTER #3696 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.



Principal Place of Business AMERICAN LEGION HALL 529 FAIRLANE AVENUE ORLANDO FL 32809 US	Mailing Address 3107 TRENTWOOD BLVD ORLANDO FL 32812-4844 US
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3. Date Incorporated or Qualified 06/21/1984	3a. Date of Last Report 04/17/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	4. FEI Number 33-0043508 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent
**WELLS, J D
3107 TRENTWOOD BLVD
ORLANDO FL 32812**

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DT	NAME WELLS, DOUGLAS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3107 TRENTWOOD BLVD.	CITY-ST-ZIP ORLANDO FL	1.2 NAME	
TITLE DP	NAME MILLER, DAVID	1.3 STREET ADDRESS	
STREET ADDRESS 2306 MACE STREET	CITY-ST-ZIP ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE D	NAME LITCHFIELD, WALTER	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6658 MATCHETT ROAD	CITY-ST-ZIP ORLANDO FL	2.2 NAME	
TITLE D	NAME SPINDER, HENRY	2.3 STREET ADDRESS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6801 WILLOUGH LANE	CITY-ST-ZIP ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE DS	NAME STRAIN, HELEN	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6801 WILLOUGH LANE	CITY-ST-ZIP ORLANDO FL	3.2 NAME	
TITLE D	NAME MCDUGALL, VICTORIA	3.3 STREET ADDRESS 6059 NASHUA AVE	
STREET ADDRESS 5238 OAK ISLAND ROAD	CITY-ST-ZIP ORLANDO FL	3.4 CITY-ST-ZIP ORLANDO FL	
TITLE D	NAME STRAIN, HELEN	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6801 WILLOUGHBY LN	CITY-ST-ZIP ORLANDO FL	4.2 NAME	
TITLE	NAME	4.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	
TITLE	NAME	6.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	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: *J D Wells* **J D WELLS** 7 MAR 97 407-851-6030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 001721R

CR2E037 (9/96)