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May 15 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N09445 (0)
1. Corporation Name
FLORIDA ASSOCIATION OF RETIRED PERSONS, INC.



Principal Place of Business Mailing Address
4905 34TH ST. SOUTH. #5500 4905 34TH ST. SOUTH. #5500
ST. PETERSBURG FL 33711 ST. PETERSBURG FL 33711-4511
US US

3. Date Incorporated or Qualified 05/23/1985 3a. Date of Last Report 08/12/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2948085	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28		
Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No
24	25	29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MORGAN, LORI
4905 34TH ST. SOUTH
#5500
ST. PETERSBURG FL 33711

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

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	PT	1.1 TITLE	
NAME	MORGAN, RILEY E.	1.2 NAME	
STREET ADDRESS	4905 34TH ST. SOUTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33711	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	MORGAN, RILEY E.	2.2 NAME	
STREET ADDRESS	4905 34TH ST. SOUTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33711	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	
NAME	MORGAN, LORI	3.2 NAME	
STREET ADDRESS	4905 34TH ST. SOUTH	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33711	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	GARRETT, RICK	4.2 NAME	
STREET ADDRESS	4905 34TH ST. SOUTH	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33711	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	CORDEA GEO	5.2 NAME	
STREET ADDRESS	RT. 6 BOX 388	5.3 STREET ADDRESS	
CITY-ST-ZIP	KENYS. TX 75143	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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 is Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)