

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 16 PM 3:10

DOCUMENT # N14056 (8)

1. Corporation Name

PORT ORANGE CHAPTER #3890 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business Mailing Address  
LESKO GILBERT C  
357 HEARTHSTONE TERR  
PORT ORANGE FL 32127  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/27/1986 3a. Date of Last Report 04/28/1994  
4. FEI Number 33-0103152 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  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country  
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LESKO GILBERT C  
357 HEARTHSTONE TERRACE  
PORT ORANGE FL 32127

B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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 P  
NAME BENNETT, JOSEPH C  
STREET ADDRESS 962 TALL PINE DRIVE  
CITY-ST-ZIP PORT ORANGE FL  
TITLE VPD  
NAME BORLAND SUSAN  
STREET ADDRESS 127 ESMERALDA AVENUE  
CITY-ST-ZIP DAYTONA BEACH FL  
TITLE S  
NAME JULIS, SHIRLEY  
STREET ADDRESS 3232 LAPALOMA AVE.  
CITY-ST-ZIP DAYTONA BEACH FL  
TITLE D  
NAME KING, ELLEN  
STREET ADDRESS 5443 MARSHFIELD DR.  
CITY-ST-ZIP PORT ORANGE FL  
TITLE Y  
NAME LESKO, GILBERT C  
STREET ADDRESS 357 HEARTHSTONE TERR  
CITY-ST-ZIP PT ORANGE FL  
TITLE D  
NAME MORRILL, IRVING  
STREET ADDRESS 834 WILDWOOD CR  
CITY-ST-ZIP PT ORANGE FL

1.1 TITLE P  Change  Addition  
1.2 NAME BORLAND SUSAN  
1.3 STREET ADDRESS 127 ESMERALDA AVE  
1.4 CITY-ST-ZIP DAYTONA BEACH FL 32119  
2.1 TITLE VPD  Change  Addition  
2.2 NAME JAMES MORRELL  
2.3 STREET ADDRESS 1600 BIG TREE RD UNIT H7  
2.4 CITY-ST-ZIP DAYTONA BEACH FL 32119  
3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE D  Change  Addition  
4.2 NAME BENNETT JOSEPH C  
4.3 STREET ADDRESS 962 TALL PINE DR  
4.4 CITY-ST-ZIP PORT ORANGE FL 32127  
5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 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 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 or on an attachment with an address.

SIGNATURE: Gilbert C Lesko GILBERT C LESKO 2-13-95 904 761-3382

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytona Beach, FL