

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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

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357 HEARTHSTONE TERR
PORT ORANGE FL 32127
US

3. Date Incorporated or Qualified
03/27/1986

3a. Date of Last Report
02/16/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
33-0103152

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

23. City & State

27. City & State

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

24. Zip

25. Country

29. Zip

30. Country

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

LESKO GILBERT C
357 HEARTHSTONE TERRACE
PORT ORANGE FL 32127

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 *Gilbert C Lesko*
Signature typed or printed name of registered agent and date applicable

GILBERT C LESKO
(NOTE: Registered Agent signature required when reinstating)

02/16/1996
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | DELETED |
|-------|--------------------|----------------------|------------------|-------------------------------------|
| P | BORLAND, SUSAN | 127 ESERALDA AVE | DAYTONA BEACH FL | <input checked="" type="checkbox"/> |
| VPD | BORLAND SUSAN | 127 ESERALDA AVENUE | DAYTONA BEACH FL | <input type="checkbox"/> |
| S | JULIS, SHIRLEY | 3232 LAPALOMA AVE. | DAYTONA BEACH FL | <input checked="" type="checkbox"/> |
| D | BENNETT, JOSEPH C. | 962 TALL PINE DR | PORT ORANGE FL | <input checked="" type="checkbox"/> |
| T | LESKO, GILBERT C | 357 HEARTHSTONE TERR | PT ORANGE FL | <input type="checkbox"/> |
| D | MORRILL, IRVING | 834 WILDWOOD CR | PT ORANGE FL | <input type="checkbox"/> |

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | CHANGED | ADDITION |
|-------|--------------------|-------------------------|--------------------------------|--------------------------|-------------------------------------|
| P | HOWARD SMITH | 4358 CANDLEWOOD LANE | PENCE INLET FL 32127 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| VPD | SUSAN BORLAND | 130 NAUTICAL PK. | SMITH DAYTONA FL 32119 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| VPD | HILDA NAUMBERTAOMI | 4648 SECRET RIVER TRAIL | PORT ORANGE FL 32119-1210 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| S | JEAN VICKERS | 650 WILLOW DR | NEW SMYRNA BEACH FL 32119-1210 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| T | SAME | | | <input type="checkbox"/> | <input type="checkbox"/> |
| D | SAME | | | <input type="checkbox"/> | <input type="checkbox"/> |

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: *Gilbert C Lesko* GILBERT C LESKO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/16/1996 409-761-3387
Date Daytime Phone #

CR2E037 (12/95)