

FILE NOW: FILING FEE IS \$61.25

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Apr 18 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 # N14056 (8)
1. Corporation Name
PORT ORANGE CHAPTER #3890 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.



Principal Place of Business LESKO GILBERT C 357 HEARTHSTONE TERR PORT ORANGE FL 32127 US	Mailing Address LESKO GILBERT C 357 HEARTHSTONE TERR PORT ORANGE FL 32127-7506 US
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3. Date Incorporated or Qualified 03/27/1986	3a. Date of Last Report 02/21/1996
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2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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4. FEI Number 33-0103152	Applied For <input type="checkbox"/> 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	

9. Name and Address of Current Registered Agent
**LESKO GILBERT C
357 HEARTHSTONE TERRACE
PORT ORANGE FL 32127**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, HOWARD	1.2 NAME	MORRILL IRVING
STREET ADDRESS	4358 CANDLEWOOD LANE	1.3 STREET ADDRESS	834 WILDWOOD CR
CITY-ST-ZIP	PONCE INLET FL	1.4 CITY-ST-ZIP	PORT ORANGE FL 32127
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORLAND SUSAN	2.2 NAME	
STREET ADDRESS	130 NAUTICAL DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA FL	2.4 CITY-ST-ZIP	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NAKABAYASHI, HERMAN	3.2 NAME	D SMITH HOWARD
STREET ADDRESS	4848 SECRET RIVER TRAIL	3.3 STREET ADDRESS	4358 CANDLEWOOD LANE
CITY-ST-ZIP	PORT ORANGE FL	3.4 CITY-ST-ZIP	PONCE INLET FL 32127
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICKERS, JEAN	4.2 NAME	
STREET ADDRESS	650 WILLOW DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LESKO, GILBERT C	5.2 NAME	
STREET ADDRESS	357 HEARTHSTONE TERR	5.3 STREET ADDRESS	
CITY-ST-ZIP	PT ORANGE FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORRILL, IRVING	6.2 NAME	TUCKER JOSEPH
STREET ADDRESS	834 WILDWOOD CR	6.3 STREET ADDRESS	906 GINGER TREE PLACE
CITY-ST-ZIP	PT ORANGE FL	6.4 CITY-ST-ZIP	PORT ORANGE FL 32127

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Lesko Gilbert C **GILBERT C LESKO** APRIL 10, 1997 904-761-3382
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 6002637

CR2E037 (9/96)