CORPORATION ANNUAL REPORT **1994**

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
94 SEP 26 PM 9:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-05/13/94--01050--001
**19408.75 ****200.00
DO NOT WRITE IN THIS SPACE

1. Corporation Name
St. Cloud Chapter #4001 of American Asso. of Retired Persond Inc.

DOCUMENT # N19846 (17)

Mailing Address / Principal Place of Business
c/o Esthen Edmondson President
94 Lakeview Drive
St. Cloud, Fla. 34769
If above addresses are incorrect in any way, line through incorrect information and enter correction below.

3. Date Incorporated or Qualified: 03/26/1987
3a. Date of Last Report: 03/02/1993

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

4. FEI Number: 330177108 ☐ 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 Exempt from $138.75 Supplemental Fee ☐

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent
Lawrence, Ronald J.
218 Connecticut Ave.
St. Cloud, Fla. 34769

10. Name and Address of New Registered Agent
81 Name: Esthen Edmondson President
82 Street Address (P.O. Box Number is Not Acceptable)
83: 94 Lakeview Dr.
84 City: St. Cloud, Fla. FL 85 Zip Code: 34769

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or 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 607.0505 or 617.0503, Florida Statutes.

SIGNATURE: X Esthen Edmondson Pres. (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) DATE: 4/21/1994

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Pres. Lawrence, Ronald J. 218 Connecticut Ave. St. Cloud, Fla. 34769	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Pres. Esthen Edmondson 94 Lakeview Dr. St. Cloud, Fla. 34769
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	V. Pres. Haldeman, Sam 2045 Crystal Lane St. Cloud, Fla. 34769	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	V. Pres. Haldeman, Sam D 2045 Crystal Lane St. Cloud, Fla. 34769
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	2nd. Vice Hall, Ruth 212 Georgia Ave. St. Cloud, Fla. 34769	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	2nd. Vice Hall, Ruth D 212 Georgia Ave. St. Cloud, Fla. 34769
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	Sec. Gomis, Alice 2250 Kincaid St. St. Cloud, Fla. 34769	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	Sec. D Gomis, Alice 2250 Kincaid St. St. Cloud, Fla. 34769
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	Treas. Hummel, Jeanne K. 1015 Georgia Ave. St. Cloud, Fla. 34769	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	Treas. Jeanne K. Hummel 1015 Georgia Ave. St. Cloud, Fla. 34769
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	Dir. Hummel, Carl J. 1015 Georgia Ave. St. Cloud, Fla. 34769	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	Dir. Hummel Carl J. 1015 Georgia Ave. St. Cloud, Fla. 34769

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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 or 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: X Esthen Edmondson Pres. 4/21/1994 407-892-6634
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Area Code & Daytime Phone #)