FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N19846** **(7)**

1. Corporation Name

ST. CLOUD CHAPTER #4001 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business	Mailing Address
% ESTER EDMONDSON 94 LAKEVIEW DRIVE ST. CLOUD FL 34769	% ESTER EDMONDSON 94 LAKEVIEW DRIVE ST. CLOUD FL 34769

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/26/1987
3a. Date of Last Report: 05/01/1994
4. FEI Number: 33-0177108 ☐ Applied For ☐ Not Applicable

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

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

9. Name and Address of Current Registered Agent

EDMONDSON, ESTER
94 LAKEVIEW DRIVE
ST. CLOUD FL 34769

X Esther Edmondson

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City / Zip Code

500001483645
05/11/95 01010 001
***9038.78 **FL ****130.00

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE Pres.	P	11 TITLE Asst. Treas.	☐ Change ☒ Addition
NAME	EDMONDSON, ESTER	12 NAME	DOROTHY DISNEY
STREET ADDRESS	94 LAKEVIEW DR	13 STREET ADDRESS	5455 ALLIGATOR LAKE ROAD
CITY-ST-ZIP	ST. CLOUD FL 34769	14 CITY-ST-ZIP	ST. CLOUD, FLA. 34769
TITLE 1ST Vice	V	21 TITLE Dirc.	☐ Change ☐ Addition
NAME	HALDEMAN, SAM	22 NAME	JACK EDMONDSON
STREET ADDRESS	2045 CRYSTAL LANE	23 STREET ADDRESS	94 LAKEVIEW DR.
CITY-ST-ZIP	ST. CLOUD FL 34769	24 CITY-ST-ZIP	ST. CLOUD, FLA. 34769
TITLE 2ND Vice	V	31 TITLE	☐ Change ☒ Addition
NAME	HALL, RUTH	32 NAME Dir.	OLGA IDEMAN 927 LOUISIANA AVE.
STREET ADDRESS	212 GEORGIA AVE.	33 STREET ADDRESS	ST. CLOUD, FLA. 34769
CITY-ST-ZIP	ST. CLOUD FL 34769	34 CITY-ST-ZIP	
TITLE Secty.	S	41 TITLE Dir.	☐ Change ☒ Addition
NAME	GOMIS, ALICE	42 NAME	POLLY WEDDLE
STREET ADDRESS	2250 KINCAID STREET	43 STREET ADDRESS	2020 CRYSTAL LANE
CITY-ST-ZIP	ST. CLOUD FL 34769	44 CITY-ST-ZIP	ST. CLOUD, FLA. 34769
TITLE Treas	T	51 TITLE Dir.	☐ Change ☒ Addition
NAME	HUMMEL, JEANNE K.	52 NAME	EULA BELLE STEGALL
STREET ADDRESS	1015 GEORGIA AVE.	53 STREET ADDRESS	508 10th STREET
CITY-ST-ZIP	ST. CLOUD FL 34769	54 CITY-ST-ZIP	ST CLOUD, FLA. 34769
TITLE Membership	D	61 TITLE Dir.	☐ Change ☐ Addition
NAME	HUMMEL, CARL J.	62 NAME	
STREET ADDRESS	1015 GEORGIA AVE.	63 STREET ADDRESS	SPT 5110
CITY-ST-ZIP	ST. CLOUD FL 34769	64 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 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 Esther Edmondson ESTER EDMONDSON 4/24/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0588370