


FILE NOW: FILING FEE IS \$61.25

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Jul 08 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N19846 (7)**  
1. Corporation Name  
**ST. CLOUD CHAPTER #4001 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.**

Principal Place of Business <b>% ESTER EDMONDSON 94 LAKEVIEW DRIVE ST. CLOUD FL 34769</b>	Mailing Address <b>% ESTER EDMONDSON 94 LAKEVIEW DRIVE ST. CLOUD FL 34769-2535</b>
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2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>		3. Date Incorporated or Qualified <b>03/26/1987</b>	3a. Date of Last Report <b>04/25/1996</b>
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		4. FEI Number <b>33-0177108</b>	Applied For Not Applicable
City & State <b>23</b>		City & State <b>28</b>		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>EDMONDSON, CEDL JACK 94 LAKEVIEW DRIVE ST. CLOUD FL 34769</b>		10. Name and Address of New Registered Agent <b>81 Name STEGALL, EULA BELLE 82 Street Address (P.O. Box Number is Not Acceptable) 508 10th STREET 83 ST. CLOUD, FLORIDA 34769 84 City FL 85 Zip Code</b>	
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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 *Jeane K. Hummel Treasurer* *Eula Belle Stegall* DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<b>EDMONDSON, ESTER</b> 94 LAKEVIEW DR ST. CLOUD FL 34769	1.1 TITLE <b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME <b>STEGALL, EULA BELLE</b>	
STREET ADDRESS		1.3 STREET ADDRESS <b>508 10th STREET</b>	
CITY-ST-ZIP		1.4 CITY-ST-ZIP <b>ST. CLOUD, FLA 34769</b>	
TITLE <b>VD</b>	<b>HALDEMAN, SAM</b> 2045 CRYSTAL LANE ST. CLOUD FL 34769	2.1 TITLE <b>WEDDLE, PAULINE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME <b>2223 17th STREET</b>	
STREET ADDRESS		2.3 STREET ADDRESS <b>ST. CLOUD, FLA. 34769</b>	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE <b>D</b>	<b>EDMONDSON, JACK</b> 94 LAKEVIEW DR ST. CLOUD FL 34769	3.1 TITLE <b>SOKOLOFF, ELLEN</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME <b>401 DAKOTA AVE.</b>	
STREET ADDRESS		3.3 STREET ADDRESS <b>ST. CLOUD, FLA. 34769</b>	<i>Director</i>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE <b>D</b>	<b>IDEMAN, OLGA</b> 921 LOUISIANA AVE ST. CLOUD FL 34769	4.1 TITLE <b>GOMIS, ALICE SECY</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME <b>2250 KINCAID STREET</b>	
STREET ADDRESS		4.3 STREET ADDRESS <b>ST. CLOUD, FLA. 34769</b>	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE <b>T</b>	<b>HUMMEL, JEANNE</b> 1015 GEORGIA AVE. ST. CLOUD FL 34769	5.1 TITLE <b>JEANNE K. HUMMEL TREAS.</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME <b>1015 GEORGIA AVE.</b>	
STREET ADDRESS		5.3 STREET ADDRESS <b>ST. CLOUD, FLA. 34769</b>	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE <b>D</b>	<b>HUMMEL, CARL J</b> 1015 GEORGIA AVE. ST. CLOUD FL 34769	6.1 TITLE <b>HUMMEL, CARL J.</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME <b>1015 GEORGIA AVE.</b>	
STREET ADDRESS		6.3 STREET ADDRESS <b>ST. CLOUD, FLA. 34769</b>	<i>Director</i>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 *Jeane K. Hummel Treasurer* *Carl J. Hummel* *July 14 1997*

CR2E037 (9/96)