

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N20109

(7)

1. Corporation Name

SANTA ROSA COUNTY CHAPTER #4018 OF AMERICAN ASSO
CIATION OF RETIRED PERSONS, INC.

Principal Place of Business

Mailing Address

C/O HENRY B. HANNUM
5513 ROWELL RD
MILTON FL 32583
US

C/O HENRY B. HANNUM
5513 ROWELL RD
MILTON FL 32583
US



500001758485
03/25/96--0153--023
***11.25

3. Date Incorporated or Qualified
04/13/1987

3a. Date of Last Report
02/08/1995

2. Principal Place of Business

2a. Mailing Address

21 Myree Martin

26 Myree Martin

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 2800 Myree Lane

27 2800 Myree Lane

City & State

City & State

23 Milton, Florida

28 Milton, Florida

Zip

Country

Zip

Country

24 32571-9708

25 Santa Rosa

29 32571-9708

30 Santa Rosa

4. FEI Number
33-0196810

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

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

HANNUM, HENRY B.
5513 ROWELL RD.
MILTON FL 32583

81 Name

Myree Martin

82 Street Address (P.O. Box Number is Not Acceptable)

2800 Myree Lane

83

84 City

Milton

FL

85 Zip Code

32571-9708

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

Myree Martin---President---

Myree Martin

2/08/1996

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STUPKA, RUTH M	
STREET ADDRESS	6466 JULIA DRIVE	
CITY-ST-ZIP	MILTON FL 32570	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KOHLenhoEFER, RALPH	
STREET ADDRESS	5995 WESLEY DRIVE	
CITY-ST-ZIP	MILTON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TALIAFERRO, RICHARD	
STREET ADDRESS	5 POLARIS DRIVE	
CITY-ST-ZIP	MILTON FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	MARTIN, MYREE	
STREET ADDRESS	2800 MYREE LANE	
CITY-ST-ZIP	MILTON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KAHL, RALPH	
STREET ADDRESS	5566 RUSSELL DR	
CITY-ST-ZIP	MILTON FL 32570	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	HANNUM, HENRY B.	
STREET ADDRESS	5513 ROWELL ROAD	
CITY-ST-ZIP	MILTON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Myree Martin	
13 STREET ADDRESS	2800 Myree Lane	
14 CITY-ST-ZIP	Milton, FL. 32571 9708	
21 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Richard Taliaferro	
23 STREET ADDRESS	5 Polaris Dr.	
24 CITY-ST-ZIP	Milton, FL 32570	
31 TITLE	SEE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Keith Butler	
33 STREET ADDRESS	133 Springdale Dr.	
34 CITY-ST-ZIP	Milton, FL 32570	
41 TITLE	Treas D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Clay Davis	
43 STREET ADDRESS	5225 Rowe Tr.	
44 CITY-ST-ZIP	Milton, FL. 32571	
51 TITLE	PST P D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Henry Hannum	
53 STREET ADDRESS	5513 Rowell Rd.	
54 CITY-ST-ZIP	Milton, FL. 32583	
61 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	Ralph Kohlenhoefer	
63 STREET ADDRESS	5595 Wesley Dr.	
64 CITY-ST-ZIP	Milton, FL 32570	

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:

Myree Martin MYREE MARTIN

2/8/1996 (904) 994 6993

Date

Daytime Phone #

CR2E037 (12/95)