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Mar 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morthap Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N20109** (7)

1. Corporation Name

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

Principal Place of Business

Mailing Address

**C/O MYREE MARTIN
2800 MYREE LANE
MILTON FL 32571-9708
US**

**C/O MYREE MARTIN
2800 MYREE LANE
MILTON FL 32571-9708
US**



3. Date Incorporated or Qualified
04/13/1987

3a. Date of Last Report
03/26/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

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

**MARTIN, MYREE
C/O MYREE MARTIN
2800 MYREE LANE
MILTON FL 32571-9708**

81 Name

TALIAFERRO, RICHARD

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

5 POLARIS DR

83

MILTON, FL 32570 3730

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:

Richard Taliaferro

(NOTE: Registered Agent signature required when reinstating)

Feb 12, 1997

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MARTIN, MYREE	
STREET ADDRESS	2800 MYREE LANE	
CITY-ST-ZIP	MILTON FL 32571-9708	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TALIAFERRO, RICHARD	
STREET ADDRESS	5 POLARIS DR.	
CITY-ST-ZIP	MILTON FL 32570	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KOHLenhoEFER, RALPH	
STREET ADDRESS	5595 WESLEY DR	
CITY-ST-ZIP	MILTON FL 32570	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BUTLER, KEITH	
STREET ADDRESS	133 SPRINGDALE DR	
CITY-ST-ZIP	MILTON FL 32570	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DAVIS, CLAY	
STREET ADDRESS	5225 ROWE TR.	
CITY-ST-ZIP	MILTON FL 32570	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HANNUM, HENRY B.	
STREET ADDRESS	5513 ROWELL ROAD	
CITY-ST-ZIP	MILTON FL 32571	

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RICHARD TALIAFERRO	
1.3 STREET ADDRESS	5 POLARIS DR	
1.4 CITY-ST-ZIP	MILTON, FL 32570 3730	
2.1 TITLE	#D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DAVIS, CLAY	
2.3 STREET ADDRESS	5225 ROWE TR	
2.4 CITY-ST-ZIP	MILTON, FL 32571 9540	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	KOHLenhoEFER, Ralph	
3.3 STREET ADDRESS	5595 Wesley Dr.	
3.4 CITY-ST-ZIP	MILTON, FL. 32570	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	BUTLER, KEITH	
4.3 STREET ADDRESS	133 springdale dr	
4.4 CITY-ST-ZIP	MILTON, FL 32570	
5.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	GOULD, ROBERTA (BOBBIE)	
5.3 STREET ADDRESS	3649 MISTY WOOD CR	
5.4 CITY-ST-ZIP	PACE, FL 32571	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	MARTIN, MYREE	
6.3 STREET ADDRESS	2800 MYREE LANE	
6.4 CITY-ST-ZIP	MILTON, FL 32571-9708	

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:

Richard Taliaferro

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 12, 1997

Date

Daytime Phone # **0074552**

CR2E037 (9/96)