

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N20292 (1)

1. Corporation Name

DELAND CHAPTER #4029 OF AMERICAN ASSOCIATION OF
RETIRED PERSONS, INC.



Principal Place of Business

Mailing Address

1860 TALMADGE STREET
DELAND FL 32724
US

1860 TALMADGE STREET
DELAND FL 32724
US

3. Date Incorporated or Qualified
04/22/1987

3a. Date of Last Report
01/27/1995

2. Principal Place of Business

2a. Mailing Address

21 429 W. PENNA. AVE.

26 429 W. PENNA. AVE.

4. FEI Number

33-0192400

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

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

24 32720

25 USA

29 32720

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOLEK, VIRGINIA R
1860 TALMADGE STREET
DELAND FL 32724

81 Name

JACK G. AMMON

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

429 W. PENNA. AVE.

83

84 City

DELAND

FL

85 Zip Code

32720

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

JACK G. AMMON

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

(If not, Registered Agent signature required when reinstating)

DATE

Jack G. Ammon President 4/12/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME BOLEK, VIRGINIA R
STREET ADDRESS 1860 TALMADGE STREET
CITY-ST-ZIP DELAND FL 32724 ☒ DELETE

1.1 TITLE PD
1.2 NAME AMMON, JACK G.
1.3 STREET ADDRESS 429 W. PENNA. AVE.
1.4 CITY-ST-ZIP DELAND, FL. 32720 ☒ Change ☐ Addition

TITLE VD
NAME MOORE, BETTY
STREET ADDRESS 171 NORTH HILL AVENUE
CITY-ST-ZIP DELAND FL ☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME KELLY, MARY LOIS
STREET ADDRESS 821 SOUTH AMELIA AVENUE
CITY-ST-ZIP DELAND FL ☐ DELETE

3.1 TITLE SD
3.2 NAME DOROTHY PARRAH
3.3 STREET ADDRESS 623 E MINNESOTA AVE.
3.4 CITY-ST-ZIP DELAND, FL. 32724 ☒ Change ☐ Addition

TITLE TD
NAME D'AMBRA, CASPER
STREET ADDRESS 862 WESTCHESTER DRIVE
CITY-ST-ZIP DELAND FL 32724 ☒ DELETE

4.1 TITLE TD
4.2 NAME MARY E. AMMON
4.3 STREET ADDRESS 429 W. PENNA. AVE.
4.4 CITY-ST-ZIP DELAND, FL. 32720 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

Jack G. Ammon
JACK G. AMMON

4/12/96

Date

904-738-0246

Daytime Phone #

CR2E037 (12/95)