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 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N22146** **(7)**

1. Corporation Name

LIVE OAK, FLORIDA CHAPTER #4051 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business	Mailing Address
C/O ELSIE MOLER 116 HAMILTON AVENUE LIVE OAK FL 32060 US	C/O ELSIE MOLER 116 HAMILTON AVENUE LIVE OAK FL 32060 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/20/1987
3a. Date of Last Report: 05/01/1994
4. FEI Number: 33-0188210 ☐ 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
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

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

9. Name and Address of Current Registered Agent

MOLER, ELSIE
116 HAMILTON AVENUE
LIVE OAK FL 32060

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	11 TITLE	☐ Change ☐ Addition
NAME	HANSEN, MARGARET	12 NAME	400001483644
STREET ADDRESS	ROUTE 7, BOX 230, "N/A"	13 STREET ADDRESS	-05/11/95--01016--001
CITY-ST-ZIP	LIVE PARK FL 32060	14 CITY-ST-ZIP	***9038.75 ****130.00
TITLE	TD	21 TITLE	TD ☒ Change ☐ Addition
NAME	GILLESPIE, RUTH O	22 NAME	CAUDLE, GERTRUDE K
STREET ADDRESS	ROUTE 3, BOX 375 N/A	23 STREET ADDRESS	RT 1 BOX 1848 N/A
CITY-ST-ZIP	MAYO FL 32066	24 CITY-ST-ZIP	O'BRIEN FL 32071
TITLE	PD	31 TITLE	☐ Change ☐ Addition
NAME	MOLER, ELSIE	32 NAME	
STREET ADDRESS	116 HAMILTON AVENUE	33 STREET ADDRESS	
CITY-ST-ZIP	LIVE OAK FL 32060	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	V ☒ Change ☐ Addition
NAME	HOLLIS, KATIE	42 NAME	BRIGGS, JANET R
STREET ADDRESS	914 SCRIVEN AVENUE	43 STREET ADDRESS	RT 2 BOX 3511
CITY-ST-ZIP	LIVE OAK FL 32060	44 CITY-ST-ZIP	O'BRIEN FL 32071
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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)(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: Gertrude K Caudle Trea, GERTRUDE K CAUDLE 3/16/95 (904) 935-1801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000317