

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 # 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

3. Date Incorporated or Qualified
08/20/1987

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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**

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

**MOLER, ELSIE
116 HAMILTON AVENUE
LIVE OAK FL 32060**

81 Name

Proctor Phillips

82 Street Address (P.O. Box Number is Not Acceptable)
3645 US 129

83

Live Oak, FL 3206

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

Proctor Phillips

Proctor Phillips

January 24, 1996

Signature, typed or printed name of registered agent and date of appointment

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **SD** ☐ DELETE
NAME **HANSEN, MARGARET**
STREET ADDRESS **ROUTE 7, BOX 230, "N/A"**
CITY-ST-ZIP **LIVE PARK FL 32060**

1.1 TITLE **PD** ☐ Change ☒ Addition
1.2 NAME **Proctor Phillips**
1.3 STREET ADDRESS **3645 US 129**
1.4 CITY-ST-ZIP **Live Oak, FL 32060**

TITLE **TD** ☒ DELETE
NAME **CAUDLE, GERTRUDE K**
STREET ADDRESS **RT 1 BOX 1848**
CITY-ST-ZIP **O'BRIEN FL 32071**

2.1 TITLE **SD** ☒ Change ☐ Addition
2.2 NAME **Margaret Hansen**
2.3 STREET ADDRESS **18980 74th Street**
2.4 CITY-ST-ZIP **Live Oak, FL 32060**

TITLE **PD** ☒ DELETE
NAME **MOLER, ELSIE**
STREET ADDRESS **116 HAMILTON AVENUE**
CITY-ST-ZIP **LIVE OAK FL 32060**

3.1 TITLE **VD** ☒ Change ☐ Addition
3.2 NAME **Janet R. Briggs**
3.3 STREET ADDRESS **12761 200 Place B**
3.4 CITY-ST-ZIP **O'Brien, FL 32071**

TITLE **V** ☐ DELETE
NAME **BRIGGS, JANET R**
STREET ADDRESS **RT 2 BOX 3511**
CITY-ST-ZIP **O'BRIEN FL 32071**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(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:

Proctor Phillips

Proctor Phillips

January 24, 1996

904-352-2751

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)