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May 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N22146

1. Corporation Name

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

Principal Place of Business

C/O PROCTOR PHILLIPS
3645 US 129
LIVE OAK, FL 32060

Mailing Address

PROCTOR PHILLIPS
3645 US 129
LIVE OAK, FL 32060

3. Date Incorporated or Qualified
08/20/1987

3a. Date of Last Report
02-01-1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

33-0188210

Applied For

Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

24

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29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C/O PHILLIPS, PROCTOR
3645 US 129
LIVE OAK, FL 32060

81 Name

PROCTOR PHILLIPS

82

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

3645 US 129

83

84 City

LIVE OAK, FL

FL

85 Zip Code
32060

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

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 ☐ DELETE

PD
NAME PROCTOR PHILLIPS
STREET ADDRESS 3645 US 129
CITY-ST-ZIP LIVE OAK, FL 32060

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

SD
NAME MARGARET HANSON
STREET ADDRESS 18980 74th STREET
CITY-ST-ZIP LIVE OAK, FL 32060

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

TD
NAME JANET R. BRIGGS
STREET ADDRESS 127 200 PLACE B
CITY-ST-ZIP O'BRIEN, FL 32071

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

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

000002179400
-05/15/97--01015--017
***\$61.25

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: PROCTOR PHILLIPS *Proctor Phillips* 04/19/1997

904-362-2751

Date Daytime Phone #

CR2E037 (9/96)