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 2:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N22512 (0)

1. Corporation Name

PANAMA CITY BEACH CHAPTER #4062 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business	Mailing Address
21618 PALM AVENUE PANAMA CITY BEACH FL 32413 US	C/O VINCENT CLARKIN 21618 PALM AVENUE PANAMA CITY BEACH FL 32413 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/16/1987
3a. Date of Last Report: 05/01/1994
4. FEI Number: 33-0192600 — [ ] Applied For [X] 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 [X] No

2. Principal Place of Business	2a. Mailing Address
21 William Randall	26
Suite, Apt. #, etc. 22 5801 Thomas Dr. Apt. 1123	Suite, Apt. #, etc. 27
City & State 23 Panama City Beach; Fl.	City & State 28
Zip / Country 24 32408 25 U.S.	Zip / Country 29 30

9. Name and Address of Current Registered Agent

CLARKIN, VINCENT
21618 PALM AVENUE
PANAMA CITY BEACH FL 32413

10. Name and Address of New Registered Agent

81 Name: William Randall
82 Street Address (P.O. Box Number is Not Acceptable): 5801 Thomas Dr.
83: Apt. 1123
84 City: Panama City Beach FL 85 Zip Code: 32408

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: OFIE D. PERKINS – TREASURER — Ofie D. Perkins — 4-24-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	D. [X] Change [ ] Addition
NAME	STEINBRECHER, RAYMOND	1.2 NAME	Dee ARKNEY
STREET ADDRESS	111 CHRISTOPHER DRIVE	1.3 STREET ADDRESS	112 FIRWAY BLVD #101
CITY-ST-ZIP	PANAMA CITY BEACH FL	1.4 CITY-ST-ZIP	PANAMA CITY BCH; FL 32407
TITLE	PD	2.1 TITLE	2-V [X] Change [ ] Addition
NAME	RUBIN, SAUL	2.2 NAME	MILTON PETTIER
STREET ADDRESS	912 LAUREL OAK LANE	2.3 STREET ADDRESS	213 GREENWOOD DR.
CITY-ST-ZIP	PANAMA CITY BCH. FL	2.4 CITY-ST-ZIP	PANAMA CITY BCH; FL. 32407
TITLE	TD	3.1 TITLE	[ ] Change [ ] Addition
NAME	PERKINS, OFIE D	3.2 NAME	300001483643
STREET ADDRESS	141 CINDY LANE	3.3 STREET ADDRESS	-05/11/95--01016--001
CITY-ST-ZIP	PANAMA CITY BEACH FL 32407	3.4 CITY-ST-ZIP	***9038.75 ****130.00
TITLE	D	4.1 TITLE	V. [X] Change [ ] Addition
NAME	HELLETT, HELEN	4.2 NAME	JAMES STRICKLAND
STREET ADDRESS	2505 SHADY OAKS COURT	4.3 STREET ADDRESS	21511 DOLPHIN AVE.
CITY-ST-ZIP	PANAMA CITY BCH. FL.	4.4 CITY-ST-ZIP	PANAMA CITY BCH; FL. 32413
TITLE	D	5.1 TITLE	D. [X] Change [ ] Addition
NAME	GIEDNAITIS, FRANK	5.2 NAME	EDWARD RAMOS
STREET ADDRESS	3915 URAL ST.	5.3 STREET ADDRESS	2119 W. 29TH ST.
CITY-ST-ZIP	PANAMA CITY BEACH FL 32408	5.4 CITY-ST-ZIP	PANAMA CITY BCH; FL. 32405
TITLE	P	6.1 TITLE	P. [X] Change [ ] Addition
NAME	STRICKLAND, LILLIAN J.	6.2 NAME	WILLIAM RANDALL
STREET ADDRESS	21511 DOLPHIN AVE.	6.3 STREET ADDRESS	5801 THOMAS DR. APT. 1123
CITY-ST-ZIP	PANAMA CITY BEACH FL 32413	6.4 CITY-ST-ZIP	PANAMA CITY BCH. FL 32408

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: Ofie D. Perkins — 4-24-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

OFIE D. PERKINS — 4-13-95 — 904-235-1772
Daytime Phone #