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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N24086

(3)

HOLMES COUNTY CHAPTER #4092 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business		Mailing Address			ı ıdanındı gir iralı sıstıl görün ibild dist bildi dibil dibil gibir gibir bildi			
C/O COUNSIL ON AGING 210 WEST KANSAS BONIFAY FL 32425		C/O COUNSIL ON AGING 210 WEST KANSAS						
		BONNFAY FL 32425		3. Date Incorporated or Qualified 12/24/1987	3a. Date of La	•		
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	, 00/21	Applied For	
21		26			33-0182671	-	Not Applicable	
Suite, Apt. (#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		75 Additional se Required	
City & State		City & State			Election Campaign Financing Trust Fund Contribution			
Zip	Country	Zip	Count	ry	8. This corporation has liability for in			
24	25	29	30			Yes 🔊 No		
	g. Name and Address of Current F	Registered Agent			10. Name and Address of New Re	gistered Agent		
			8	1 Name	John Coomer			
Martin, Helen				2 Street A		al		
	JNSIL ON AGING		[] Street / 1.7		Address (P.O. Box Number is Not Acceptable 610 N. Cotton Street	4		
210 WEST KANSAA			8					
	FL 32425		8	4 63				
	. 2 32 .23		18	4 City	Bonifay	FL 85	Zip Code 32425	
11. Pursuant to	o the provisions of Sections 617,0502 ar	nd 617.1508, Florida Statu	tes, the above	named co	rooration submite this statement for the nurn	ose of changing it	c registered office	
or registere familiar wit	ed agent, or both, in the State of Florida. h, and accept the obligations of, Section	Such change was authori. 617.0503. Florida Statute	zed by the cor s.	poration's	board of directors. I hereby accept the appoi	ntment as register	ed agent. I am	
SIGNATURE	John Coon	•			2	-1-90	/	
SIGNATORE _	Stonature, typed or printed name of registered agent and		OTE Registered Ag	ent signature re	equired when reinstating)	DATE	<i></i>	
12.	OFFICERS AND D	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECT	TORS IN 12	
TITLE	PD	□ DELETE	1 1 TITLE		PD	Chang	ge Addition	
NAME	COOMER, JOHN		1.2 NAME	:	CRONIN, DANIEL			
STREET ADDRESS	610 NORTH COTTON STREET		1.3 STREE	ET ADDRESS	RR 5, BOX 203			
CITY - ST - ZIP	BONIFAY FL 32425		1.4 CITY	ST-ZIP	CHIPLEY, FL 32428			
TITLE	SD	DELETE	2 1 TITLE		SD	Chang	e Addition	
NAME	COOMER, EVELYN		2 2 NAME	.	KETCHERSIDE, JEAN			
STREET ADDRESS	610 NORTH COTTON STREET		2 3 STREI	ET ADDRESS	RR2, NORTH HWAY 79, PC	BOX 1111		
A - 70	BONIFAY FL 32425		2 4 City		BONIFAY, FL 32425		•	
TITLE	D	DELETE	3 1 TITLE		D D	Chang	e X Addition	
NAME	KUBAY, PAT		3 2 NAME		CARROLL, DOROTHY			
STREET ADDRESS	ROUTE 4, BOX 459, "N/A"			ET ADDRESS	RR 3, BOX 60			
CiTY-ST-ZIP	BONIFAY FL 32425		34 City	1	BONIFAY, FL 32425			
THILE	T	DELETE	4 1 TITLE		T	Chang	e 🔲 Addition	
NAME	CRONIN. DAN		4 2 NAM		QUICK, EUNICE	Last		
STREET ADDRESS	ROUTE 5 BOX 203			ET ADDRESS	RR 4, BOX 352			
CITY-ST-ZIP	CHIPLEY FL		4 4 City		BONIFAY, FL 32425			
TITLE	D	DELETE	5 1 THILE		D	Chang	e K Addition	
NAME	QUICK, HOWARD		5.2 NAME		WALDROP, PERMELIA		- ALL PARTITION	
STREET ADDRESS	ROUTE 4 BOX 352			ET ADDRESS	RR 4, BOX 236			
CITY-ST-ZIP	BONIFAY FL		5 4 CITY -		BONIFAY, FL 32425			
TITLE	V	DELETE	61 TIFLE	31-ZIP	A MILKI LT 25A52	□ Chang	e 🔲 Addition	
NAME	•	- Joseph Control of the Control of t	6 2 NAME	.	COOMER, JOHN	Cap changi	• [] Notition	
1	KUBAY, EDWARD					7m		
STREET ADDRESS	ROUTE 4 BOX 459		6 3 STREE	T ADORESS	610 NORTH COTTON STREE	5 T		

BONIFAY FL 32L25

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:

John Coomer

2-1-96

904-547-5017

Dayt-me Phone #

CR2E037 (12/95)