

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N24086 (3)

1. Corporation Name

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

Principal Place of Business

Mailing Address

C/O COUNCIL ON AGING
210 WEST KANSAS
BONIFAY FL 32425C/O COUNCIL ON AGING
210 WEST KANSAS
BONIFAY FL 32425-19153. Date Incorporated or Qualified
12/24/19873a. Date of Last Report
02/07/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
33-0182671Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. 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

COOMER, JOHN
610 NORTH COTTON STREET
BONIFAY FL 32425

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 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	PD	<input checked="" type="checkbox"/> DELETE
NAME	CRONIN, DANIEL	
STREET ADDRESS	ROUTE 5 BOX 203	
CITY-ST-ZIP	CHIPLEY FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KETCHERSIDE, JEAN	
STREET ADDRESS	ROUTE 2 NORTH HWY. 79, P.O. BOX 1111	
CITY-ST-ZIP	BONIFAY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CARROLL, DOROTHY	
STREET ADDRESS	ROUTE 3 BOX 60	
CITY-ST-ZIP	BONIFAY FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	QUICK, EUNICE	
STREET ADDRESS	ROUTE 4 BOX 352	
CITY-ST-ZIP	BONIFAY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WALDROP, PERMELIA	
STREET ADDRESS	ROUTE 4 BOX 238	
CITY-ST-ZIP	BONIFAY FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	COOMER, JOHN	
STREET ADDRESS	610 NORTH COTTON STREET	
CITY-ST-ZIP	BONIFAY FL	

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	COOMER, JOHN	
1.3 STREET ADDRESS	610 N. COTTON ST.	
1.4 CITY-ST-ZIP	BONIFAY, FL 32425	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CRONIN, DANIEL	
2.3 STREET ADDRESS	ROUTE 5, BOX 203	
2.4 CITY-ST-ZIP	CHIPLEY, FL 32428	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	KOSTER, LORIE	
3.3 STREET ADDRESS	ROUTE 1, BOX 853	
3.4 CITY-ST-ZIP	BONIFAY, FL 32425	
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	CLAUS, BARBARA	
4.3 STREET ADDRESS	ROUTE 1, BOX 130	
4.4 CITY-ST-ZIP	BONIFAY, FL 32425	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	QUICK, HOWARD	
5.3 STREET ADDRESS	ROUTE 4, BOX 352	
5.4 CITY-ST-ZIP	BONIFAY, FL 32425	
6.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	CLAUS, WILLIAM	
6.3 STREET ADDRESS	ROUTE 1, BOX 130	
6.4 CITY-ST-ZIP	BONIFAY, FL 32425	

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:

John Coomer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-97 904-547-5017

Date

Daytime Phone #0008935

CR2E037 (9/96)

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(3)

1. Corporation Name

**HOLMES COUNTY CHAPTER #4092 OF AMERICAN ASSOCIAT
ION OF RETIRED PERSONS, INC.**



ADDITIONAL DIRECTORS

D
KUBAY, PATRICIA
ROUTE 4, BOX 459
BONIFAY, FL 32425

D
TRACHSEL, EVA
505 NORTH OKLAHOMA
BONIFAY, FL 32425

D
BUSH, HELEN
ROUTE 3, BOX 1074
BONIFAY, FL 32425

D
GILMORE, GLORIA
1110 NORTH STATE STREET
BONIFAY, FL 32425

D
KUBAY, EDWARD
ROUTE 1, BOX 459
BONIFAY, FL 32425