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 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N25442** **(7)**

1. Corporation Name

SAFETY HARBOR CHAPTER #4168 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business	Mailing Address
203 NESTLEBRANCH DR. SAFETY HARBOR FL 34695	203 NESTLEBRANCH DR. SAFETY HARBOR FL 34695

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/16/1988
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2769389 ☐ 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
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 ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

KLEIN, ROBERT
203 NESTLEBRANCH DR.
SAFETY HARBOR FL 34695

10. Name and Address of New Registered Agent

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 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 _____ DATE
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	TD	1.1 TITLE	☐ Change ☐ Addition
NAME	NECKAR, LOUIS C	1.2 NAME	
STREET ADDRESS	511 HUMPHRIES ROAD	1.3 STREET ADDRESS	000001483640
CITY-ST-ZIP	SAFETY HARBOR FL 34695	1.4 CITY-ST-ZIP	-05/11/95--01016--001
TITLE	PD	2.1 TITLE	***9038.75 ***130.00 ☐ Addition
NAME	SCHOFER, HENRY	2.2 NAME	
STREET ADDRESS	261 CALAIS LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34521	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	☐ Change ☐ Addition
NAME	PAPADI, VIRGINIA	3.2 NAME	
STREET ADDRESS	222 IRON AGE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SAFETY HABOR FL 34695	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	D ☒ Change ☐ Addition
NAME	MILLER, ALVIN	4.2 NAME	Marie Dunns
STREET ADDRESS	4032 LOCUST STREET	4.3 STREET ADDRESS	228 13th Ave, S
CITY-ST-ZIP	PALM HARBOR FL 33563	4.4 CITY-ST-ZIP	Safety Harbor, Fl 34695
TITLE	D	5.1 TITLE	D ☒ Change ☐ Addition
NAME	MANNO, THERESA	5.2 NAME	Betty L Clark
STREET ADDRESS	2460 NORTHSIDE DR #1503	5.3 STREET ADDRESS	355 Tucker St
CITY-ST-ZIP	CLEARWATER FL 34521	5.4 CITY-ST-ZIP	Safety Harbor, Fl 34695
TITLE	D	6.1 TITLE	D ☒ Change ☐ Addition
NAME	BEECHNER, WILLIAM	6.2 NAME	Phyllis L Stewart
STREET ADDRESS	603 JACARANDA DRIVE	6.3 STREET ADDRESS	612 Elm St
CITY-ST-ZIP	OLDSMAR FL 34677	6.4 CITY-ST-ZIP	Safety Harbor, Fl 34695

5/10

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: Henry L. Schofer Henry L. Schofer 4-13-95 (813) 726-5127
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000843