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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

Filing Acknowledgment Issued by
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N28590 (0)

1. Corporation Name

JUPITER CHAPTER #4254 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 6127 JUPITERA FL 33468	P.O. BOX 6127 JUPITERA FL 33468

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
09/28/1988	05/01/1994

4. FEI Number: 94-3057006 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	8. 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
~~KEARNEY, JAMES J~~ ~~324 SHERWOOD COURT~~ ~~JUPITER FL 33458~~	81 Name: Silverman, Sol 82 Street Address (P.O. Box Number is Not Acceptable): 301 Ocean Bluffs Blvd, Apt 306 83 84 City: Jupiter FL 85 Zip Code: 33477

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: Sol Silverman — 4/13/95
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	1.1 TITLE	P.D. Sol ☒ Change ☐ Addition
NAME	~~KEARNEY, JAMES J~~	1.2 NAME	Silverman
STREET ADDRESS	~~324 SHERWOOD COURT~~	1.3 STREET ADDRESS	301 Ocean Bluffs Blvd, Apt 306
CITY-ST-ZIP	~~JUPITER FL 33458~~	1.4 CITY-ST-ZIP	Jupiter, FL 33477
TITLE	VD	2.1 TITLE	V.D. ☒ Change ☐ Addition
NAME	~~SILVERMAN, SOL~~	2.2 NAME	Henry Mahler
STREET ADDRESS	~~301 OCEAN BLUFFS BLVD~~	2.3 STREET ADDRESS	103 Cedar St
CITY-ST-ZIP	~~JUPITER FL 33477~~	2.4 CITY-ST-ZIP	Jupiter, FL 33458
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	DULLEGE, PATRICIA C	3.2 NAME	900001433639
STREET ADDRESS	365 MARS AVENUE	3.3 STREET ADDRESS	-05/11/95--01016--001
CITY-ST-ZIP	TEQUESTA FL 33469	3.4 CITY-ST-ZIP	***9038.75 ***130.00
TITLE	TD	4.1 TITLE	T.P. ☒ Change ☐ Addition
NAME	~~LINN, PEARL~~	4.2 NAME	Sharlene Clark
STREET ADDRESS	~~9440 SE POINT TERRACE~~	4.3 STREET ADDRESS	14284 Everly Dr
CITY-ST-ZIP	~~JUPITER FL 33469~~	4.4 CITY-ST-ZIP	Palm Beach Gdns, FL 33410
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	HOUCHIN, RAY	5.2 NAME	
STREET ADDRESS	233 WINGO STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	TEQUESTA FL 33469	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	KLIMAS, MARY GRACE	6.2 NAME	APS110
STREET ADDRESS	324 TEQUESTA DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	TEQUESTA FL 33469	6.4 CITY-ST-ZIP	

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: Sol Silverman — 4/13/95 — 407-575-6795
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
SOL SILVERMAN

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