

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
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 8127
JUPITER FL 33468

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JUPITER FL 33468

300001836403
-07/17/96--01037--009
***61.25

3. Date Incorporated or Qualified 09/28/1988 3a. Date of Last Report 05/01/1995

4. FEI Number 94-3057006 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 210 Military Trail
Suite, Apt. #, etc.

26 P.O. Box 8127
Suite, Apt. #, etc.

22 Activity Building
City & State

27
City & State

23 Jupiter, FL
Zip

28 Jupiter, FL
Zip

24 33468 Country
25 Palm Beach

29 33468 Country
30 Palm Beach

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SILVERMAN, SOL
301 OCEAN BLUFFS BLVD
APT 308
JUPITER FL 33477

81 Name Betty J. Fox
82 Street Address (P.O. Box Number is Not Acceptable) 105 Adobe Circle
83
84 City Jupiter FL 85 Zip Code 33458

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 Betty J. Fox - Dist 24, AARP coordinator (Betty J. Fox) 6-19-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE
NAME SILVERMAN, SOL
STREET ADDRESS 301 OCEAN BLUFFS BLVD. APT. 308
CITY-ST-ZIP JUPITER FL 33477

TITLE VD ☒ DELETE
NAME MOHLER, HENRY
STREET ADDRESS 103 CEDAR ST
CITY-ST-ZIP JUPITER FL 33458

TITLE RD ☒ DELETE
NAME DULLEGE, PATRICIA C
STREET ADDRESS 365 MARS AVENUE
CITY-ST-ZIP TEQUESTA FL 33469

TITLE TF ☐ DELETE
NAME CLARK, SHARLENE
STREET ADDRESS 14284 EVELYN DR
CITY-ST-ZIP PALM BEACH GDS FL 33410

TITLE D ☐ DELETE
NAME HOUCHIN, RAY
STREET ADDRESS 233 WINGO STREET
CITY-ST-ZIP TEQUESTA FL 33469

TITLE D ☐ DELETE
NAME KLIMAS, MARY GRACE
STREET ADDRESS 324 TEQUESTA DRIVE
CITY-ST-ZIP TEQUESTA FL 33469

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE S Dolores Muehl (Muehl) ☐ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS 103 Adobe Circle
1.4 CITY-ST-ZIP Jupiter, FL 33458

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME LAVARNE HOUCHIN
2.3 STREET ADDRESS 233 WINGO ST.
2.4 CITY-ST-ZIP Tequesta, FL 33469

3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME Louise OTTERSEN
3.3 STREET ADDRESS 18081 SE COUNTRY CLUB DR #295
3.4 CITY-ST-ZIP Tequesta, FL 33469

4.1 TITLE ~~Active President~~ ☐ Change ☒ Addition
4.2 NAME Betty J. Fox
4.3 STREET ADDRESS 105 Adobe Circle
4.4 CITY-ST-ZIP Jupiter, FL 33458

5.1 TITLE Acting President ☐ Change ☒ Addition
5.2 NAME Betty J. Fox
5.3 STREET ADDRESS 105 Adobe Circle
5.4 CITY-ST-ZIP Jupiter, FL 33458

6.1 TITLE Phoenicia Feltenbender ☐ Change ☒ Addition
6.2 NAME 2000 active treasurer
6.3 STREET ADDRESS 1007 Pottowatomie St.
6.4 CITY-ST-ZIP Jupiter, FL 33458

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: Betty J. Fox - active President 6-19-96 (561) 575-4621
Signature and typed or printed name of signing officer or director Date Daytime Phone #

0010852

CR2E037 (3/96)