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Mar 05 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

210 MILITARY TRAIL
ACTIVITY BUILDING
JUPITER FL 33468

Mailing Address

AARP # 4254
PO BOX 8127
108 ADOBE CIRCLE-
JUPITER FL 33458-8002
JUPITER, FL 334683. Date Incorporated or Qualified
09/28/19883a. Date of Last Report
07/17/1996

4. FEI Number

94-3057006

Applied 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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

FOX, BETTY J.
105 ADOBE CIR.
JUPITER FL 33458

*Present Address

** effective 3/1/97

10. Name and Address of New Registered Agent

81 Name

Ottersen, Louise

82 Street Address (P.O. Box Number is Not Acceptable)

83 18081 SE Country Club Dr #295

84 City

Tequesta

FL

85 Zip Code
33469

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

Louise Ottersen

(NOTE: Registered Agent signature required when reinstating)

DATE

01/25/97

12. OFFICERS AND DIRECTORS

TITLE S ☐ DELETENAME MUEH, DOLORES L
STREET ADDRESS 103 ADOBE CIRCLE
CITY - ST - ZIP JUPITER FL 33458TITLE D ☐ DELETENAME HOUCHIN, LAVERNE
STREET ADDRESS 233 WINGO ST.
CITY - ST - ZIP TEQUESTA FL 33469TITLE D ☐ DELETENAME DULLEGE, PATRICIA C
STREET ADDRESS 365 MARS AVENUE
CITY - ST - ZIP TEQUESTA FL 33469TITLE TF ☐ DELETENAME CLARK, SHARLENE
STREET ADDRESS 14284 EVELYN DR
CITY - ST - ZIP PALM BEACHGONS FL 33410TITLE D ☐ DELETENAME HOUCHIN, RAY
STREET ADDRESS 233 WINGO STREET
CITY - ST - ZIP TEQUESTA FL 33469TITLE D ☐ DELETENAME 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 P ** ☐ Change ☒ Addition1.2 NAME Ottersen, Louise
1.3 STREET ADDRESS 17214 122nd Dr. North
1.4 CITY - ST - ZIP Jupiter, FL 33478-52032.1 TITLE VP ☐ Change ☒ Addition2.2 NAME Dunbar, Wanda, E.
2.3 STREET ADDRESS 102 Stillwater Circle
2.4 CITY - ST - ZIP Jupiter, FL 334583.1 TITLE ☐ Change ☐ Addition3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP4.1 TITLE ☐ Change ☐ Addition4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP5.1 TITLE ☐ Change ☐ Addition5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP6.1 TITLE ☐ Change ☐ Addition6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Louise Ottersen 01/25/97
561-745-2167

Date

Daytime Phone # 0043556

CR2E037 (9/96)