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 3:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N30637 (5)

1. Corporation Name

LABELLE CHAPTER #4351 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business	Mailing Address
C/O SAM NEWTON 120 NORTH RIVERVIEW STREET LA BELLE FL 33935 US	C/O SAM NEWTON 120 NORTH RIVERVIEW STREET LA BELLE FL 33935 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/10/1989
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0165991 ☐ 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 (21) | 2a. Mailing Address (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

NEWTON, SAM
120 NORTH RIVERVIEW STREET
LA BELLE FL 33935

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	PD	11 TITLE	☐ Change ☐ Addition
NAME	NEWTON, SAM	12 NAME	
STREET ADDRESS	120 NORTH RIVERVIEW STREET	13 STREET ADDRESS	
CITY-ST-ZIP	LA BELLE FL 33935	14 CITY-ST-ZIP	
TITLE	DS	21 TITLE	☐ Change ☐ Addition
NAME	HILLIARD, ROSALIE	22 NAME	
STREET ADDRESS	P. O. BOX 729, "N/A"	23 STREET ADDRESS	
CITY-ST-ZIP	LABELLE FL 33935	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	BOYLE, JANE	32 NAME	
STREET ADDRESS	4029 SCHOOL CIRCLE	33 STREET ADDRESS	
CITY-ST-ZIP	LABELLE FL 33935	34 CITY-ST-ZIP	
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	NEWTON, DOROTHY S	42 NAME	
STREET ADDRESS	120 NORTH RIVERVIEW STREET	43 STREET ADDRESS	
CITY-ST-ZIP	LABELLE FL 33935	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	WALKER, RUTH	52 NAME	
STREET ADDRESS	1279 SILVER RD	53 STREET ADDRESS	
CITY-ST-ZIP	LABELLE FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	MARSTON, JUNE	62 NAME	
STREET ADDRESS	1319 HULL ST.	63 STREET ADDRESS	
CITY-ST-ZIP	LABELLE FL	64 CITY-ST-ZIP	

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$87.5110

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: Sam Newton 3-18-95 813-674-4034
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Sam Newton, President

0000490