

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N30637

1. Corporation Name
LABELLE Chapter 4351 of American Association
of Retired Persons, Inc.

800001829588
-05/20/96--01051--033
***61.25

Principal Place of Business

Mailing Address
90 Rosalie Hilliard
595 Sabal Palm Ct
La Belle, FL 33935

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. Zip

Country

29. Zip

Country

9. Name and Address of Current Registered Agent

Sam Newton
120 N. Riverview St
La Belle, FL 33935

10. Name and Address of New Registered Agent

81. Name Rosalie Hilliard
82. Street Address (P.O. Box Number is Not Acceptable)
595 Sabal Palm Ct
83. La Belle FL
84. City La Belle FL 33935

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 Rosalie Hilliard

Rosalie Hilliard Pres.

May 7, 1996

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☒ Addition

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETED
President	Sam Newton	120 N. Riverview St	La Belle FL 33935	<input checked="" type="checkbox"/>
	Diane Boyle	4026 School Circle	La Belle FL 33935	<input checked="" type="checkbox"/>
	D. Dorothy Alulton	120 N. Riverview St	La Belle FL 33935	<input checked="" type="checkbox"/>
	D. Ruth Walker	1279 Silver Rd	La Belle FL 33935	<input checked="" type="checkbox"/>
Reg. Chm	June Marston	1319 Hall St	La Belle FL 33935	<input type="checkbox"/>
	Rosalie Hilliard	PO Box 729 "NA"	La Belle FL 33935	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETED
BO	Sam Newton	120 N. Riverview St	La Belle FL 33935	<input type="checkbox"/>
	Sec. Lenna Cristzer			<input type="checkbox"/>
Treas	Gladys Larkin			<input type="checkbox"/>
	Joseph Riskey	PO Box 433 "NA"		<input checked="" type="checkbox"/>
	June Marston Reg.	1319 Hall St	La Belle FL 33935	<input checked="" type="checkbox"/>
	Pres. Sent Rosalie Hilliard	595 Sabal Palm Ct	La Belle FL 33935	<input checked="" type="checkbox"/>

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)(A), 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: Rosalie Hilliard Rosalie Hilliard 5/7/96 941-675-5076
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

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2-2

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N30637 (5)

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



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

3. Date Incorporated or Qualified **02/10/1989** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business
595 Sabal Palmetto

2a. Mailing Address
La Belle

21. Suite, Apt. #, etc. **FL** 27. Suite, Apt. #, etc. **FL**

22. City & State **La Belle FL** 28. City & State **La Belle FL**

23. Zip **33935** 25. Country **Hendry** 29. Zip **33935** 30. Country **Hendry**

9. Name and Address of Current Registered Agent

NEWTON, SAM
120 NORTH RIVERVIEW STREET
LA BELLE FL 33935

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**

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

10. Name and Address of New Registered Agent

81. Name **Rosalie Hilliard**
82. Street Address (P.O. Box Number is Not Acceptable) **595 Sabal Palmetto**
83. **La Belle**
84. City **FL** 85. Zip Code **33935**

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 **Rosalie Hilliard** (NOTE: Registered Agent signature required when reinstating) DATE **Apr 30 1996**

12. OFFICERS AND DIRECTORS

TITLE **PD** NAME **NEWTON, SAM** ☒ DELETE **AS Pres.**
STREET ADDRESS **120 NORTH RIVERVIEW STREET**
CITY-ST-ZIP **LA BELLE FL 33935**

TITLE **DS** NAME **HILLIARD, ROSALIE** ☐ DELETE **→ President**
STREET ADDRESS **P.O. BOX 729, N/A**
CITY-ST-ZIP **LABELLE FL 33935**

TITLE **D** NAME **BOYLE, JANE** ☒ DELETE **(Pat Kelley v. Jane Boyle)**
STREET ADDRESS **4028 SCHOOL CIRCLE**
CITY-ST-ZIP **LABELLE FL 33935**

TITLE **TD** NAME **NEWTON, DOROTHY S** ☐ DELETE **(Gladys Larkin)**
STREET ADDRESS **120 NORTH RIVERVIEW STREET**
CITY-ST-ZIP **LABELLE FL 33935**

TITLE **D** NAME **WALKER, RUTH** ☐ DELETE **(Lumpas Orthen)**
STREET ADDRESS **1279 SILVER RD**
CITY-ST-ZIP **LABELLE FL**

TITLE **D** NAME **MARSTON, JUNE** ☐ DELETE **Chairman of the**
STREET ADDRESS **1319 HULL ST.**
CITY-ST-ZIP **LABELLE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** 1.2 NAME **Sam Newton** ☒ Change ☐ Addition
1.3 STREET ADDRESS **120 N Riverview St.**
1.4 CITY-ST-ZIP **La Belle FL 33935** ☒ Change ☐ Addition

2.1 TITLE **D** 2.2 NAME **Rosalie Hilliard** ☒ Change ☐ Addition
2.3 STREET ADDRESS **595 Sabal Palmetto**
2.4 CITY-ST-ZIP **La Belle FL 33935** ☐ Change ☒ Addition

3.1 TITLE **Pres.** 3.2 NAME **Gladys Larkin** ☐ Change ☒ Addition
3.3 STREET ADDRESS **900 W. Hick Poochee Rd**
3.4 CITY-ST-ZIP **La Belle FL 33935** ☐ Change ☒ Addition

4.1 TITLE **D** 4.2 NAME **Lenna Critzer** ☐ Change ☒ Addition
4.3 STREET ADDRESS **390 E Lincoln Ave**
4.4 CITY-ST-ZIP **La Belle FL 33935** ☐ Change ☒ Addition

5.1 TITLE **ADJ** 5.2 NAME **Rosley** ☐ Change ☒ Addition
5.3 STREET ADDRESS **P.O. Box 433 N/A**
5.4 CITY-ST-ZIP **La Belle FL 33935** ☐ Change ☐ Addition

6.1 TITLE **ADJ** 6.2 NAME **is.** ☐ Change ☐ Addition
6.3 STREET ADDRESS **is.**
6.4 CITY-ST-ZIP **is.**

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: **Rosalie Hilliard** May 7 1996 941-675
DAYTIME PHONE **6026**

CR2E037 (12/95)