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May 05 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

Mailing Address

C/O ROSALIE HILLIARD
595 SABAL PALM CT
LA BELLE FL 33935
US

C/O ROSALIE HILLIARD
595 SABAL PALM CT
LA BELLE FL 33935-4695
US



3. Date Incorporated or Qualified
02/10/1989

3a. Date of Last Report
05/01/1996

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

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

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HILLIARD, ROSALIE
C/O ROSALIE HILLIARD
595 SABAL PALM CT
LA BELLE FL 33935

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 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

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 ☐ DELETE
NAME NEWTON, SAM
STREET ADDRESS 120 NORTH RIVERVIEW STREET
CITY-ST-ZIP LA BELLE FL 33935

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME Lois Tidwell Board
1.3 STREET ADDRESS 4507 Springview Circle
1.4 CITY-ST-ZIP LA BELLE FL 33935

TITLE ☐ DELETE
NAME CRITZER, LENNA
STREET ADDRESS 890 E LINCOLN AVE
CITY-ST-ZIP LABELLE FL 33935

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME LARKIN, GLADYS
STREET ADDRESS 900 W HIEKPOOCHEE B-8
CITY-ST-ZIP LA BELLE FL 33935

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME RISLEY, JOSEPH
STREET ADDRESS PO BOX 433 N/A
CITY-ST-ZIP LA BELLE FL 33935

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME MARSTON, JUNE
STREET ADDRESS 1318 HULL ST
CITY-ST-ZIP LA BELLE FL 33935

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME HILLIARD, ROSALIE
STREET ADDRESS 595 SABAL PALM CT
CITY-ST-ZIP LA BELLE FL 33935

6.1 TITLE ☐ Change ☐ Addition
6.2 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.

CR2E037 (9/96)