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Jul 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N30637** (5)

1. Corporation Name

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



Principal Place of Business C/O ROSALIE HILLIARD 595 SABAL PALM CT LA BELLE FL 33935 US	Mailing Address C/O ROSALIE HILLIARD 595 SABAL PALM CT LA BELLE FL 33935 US
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3. Date Incorporated or Qualified 02/10/1989
4. FEI Number 65-0165991
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fee
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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
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9. Name and Address of Current Registered Agent HILLIARD, ROSALIE C/O ROSALIE HILLIARD 595 SABAL PALM CT LA BELLE FL 33935 <i>delete</i>

10. Name and Address of New Registered Agent 81 Name ROYCE HILLIARD 82 Street Address (P.O. Box Number is Not Acceptable) 595 SABAL PALM CT. 83 LABELLE 84 City (New Pines) 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 *Royce Hilliard* **July 11, 98**

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	0 NEWTON, SAM 120 NORTH RIVERVIEW STREET LA BELLE FL <i>Director</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	8 CRITZER, LENNA 690 E LINCOLN AVE LABELLE FL 33935 <i>Director</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6 RISLEY, JOSEPH PO BOX 433 N/A LA BELLE FL 33935 <i>Treas</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6 MARSTON, JUNE 1319 HULL ST LA BELLE FL 33935 <i>leg. chairman</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6 HILLIARD, ROSALIE 595 SABAL PALM CT LA BELLE FL 33935 <i>B1 member director</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Dorothy Newton 120 N. Riverview St. Labelle, Fla. 33935 <i>BD member</i>
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Lisa Tidwell 4507 Springview Labelle <i>Director</i>
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Alice Wright 541 Bennett Ave. Labelle, Fla. <i>Sec</i>
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. I 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 *Royce Hilliard* **911 675-5026**

CR2E037 (10/97)