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

1995 MAR -2 AM 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N31640 (8)

1. Corporation Name

PALM CITY CHAPTER #4371 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business	Mailing Address
770 SW 34TH ST. PALM CITY FL 34990	P.O. BOX 593 PALM CITY FL 34990

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/11/1989
3a. Date of Last Report: 05/01/1994
4. FEI Number: 94-3058447 ☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

HAYES, MELVIN
2524 SW BOBOLINK CIRCLE
PALM CITY FL 34990

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 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	1.1 TITLE	VPD ☐ Change ☒ Addition
NAME	JOHNSON, ADELINE	1.2 NAME	HENRY FINNICAN
STREET ADDRESS	1819 S.W. WATERFALL BLVD	1.3 STREET ADDRESS	1575 SW. WATERFALL BLVD
CITY-ST-ZIP	PALM CITY FL 34990	1.4 CITY-ST-ZIP	PALM CITY, FL. 34990
TITLE	SD	2.1 TITLE	D ☐ Change ☒ Addition
NAME	TULLNERS, HUBERT JR.	2.2 NAME	JENNY KAUTZ
STREET ADDRESS	1800 SE SAINT LUCIE	2.3 STREET ADDRESS	151 SW 30UTH RIVER DR.
CITY-ST-ZIP	STUART FL	2.4 CITY-ST-ZIP	STUART, FL. 34997
TITLE	D	3.1 TITLE	D ☐ Change ☒ Addition
NAME	BATES, RICHARD Delete	3.2 NAME	MARION RENFROE
STREET ADDRESS	945 ALL AMERICAN BLVD.	3.3 STREET ADDRESS	2821 SW LAKEMONT PLACE
CITY-ST-ZIP	PALM CITY FL	3.4 CITY-ST-ZIP	PALM CITY, FL. 34990
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	DAVIS, PETER Delete	4.2 NAME	
STREET ADDRESS	1264 SW EVERGREEN	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	300001420560 Addition
NAME	KLEINBROOK, JOE Delete	5.2 NAME	-03/03/95--01043--012
STREET ADDRESS	2360 SW STARLING DRIVE	5.3 STREET ADDRESS	****130.00 ****130.00
CITY-ST-ZIP	PALM CITY FL	5.4 CITY-ST-ZIP	
TITLE	TD	6.1 TITLE	DEA ☐ Change ☐ Addition
NAME	HAYES, MELVIN	6.2 NAME	
STREET ADDRESS	2524 S.W. BOBOLINK CIRLE	6.3 STREET ADDRESS	3-2
CITY-ST-ZIP	PALM CITY FL 34990	6.4 CITY-ST-ZIP	

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: Melvin L. Hayes Feb. 8, 1995 407-220-0061
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0070403