


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> N31640 1. Corporation Name <b>PALM CITY CHAPTER #4371 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.</b>			
Principal Place of Business <b>770 S.W. 34th ST. PALM CITY, FL. 34990</b>		Mailing Address <b>1819 SW WATERFALL BLVD. PALM CITY, FL. 34990</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	
3. Date Incorporated or Qualified <b>04/11/1989</b>		3a. Date of Last Report <b>02/08/1993</b>	
4. FEI Number <b>94-3058447</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>HAYES, MELVIN 2524 S.W. BOBOLINK CIRCLE PALM CITY, FL. 34990</b>			
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PRES. JOHNSON, ADELINE <input type="checkbox"/> DELETE 1819 S.W. WATERFALL BLVD. PALM CITY, FL. 34990</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<b>D <del>BERING, JUNE</del> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2450 S.W. DANBURY LANE PALM CITY, FL. 34990</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VICE PRES. CARNEYALE, EVELYN <input type="checkbox"/> DELETE 2796 S.W. MARIPOSA CIRCLE PALM CITY, FL. 34990</b>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<b>D <del>SAGER, EDNA</del> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1229 S.W. SEAHAWK WAY PALM CITY, FL. 34990</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SECRETARY TULLNERS, HUBERT, JR. <input type="checkbox"/> DELETE 1800 S.E. SAINT LUCIE STUART, FL. 34996</b>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<b>D. SAMRANEY, LORETTA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1520 S.W. WATERFALL BLVD. PALM CITY, FL. 34990</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TREASURER HAYES, MELVIN <input type="checkbox"/> DELETE 2524 S.W. BOBOLINK CIRCLE PALM CITY, FL. 34990</b>	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<b>D. MCLEAN, EILEEN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1800 SE ST. LUCIE, #4-205 STUART, FL. 34996</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D. KAUTZ, JENNY <input type="checkbox"/> DELETE 151 S.W. SOUTH RIVER DR. STUART, FL. 34997</b>	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D <del>MARION</del> RENFROE, MARION <input type="checkbox"/> DELETE 2821 S.W. LAKEMONT PLACE PALM CITY, FL. 34990</b>	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<b>800001887828 -07/09/96--01086--050 ***61.25</b>

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:

*Melvin L. Hayes*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MELVIN L. HAYES

June 25, 1996 561-220-0061  
Date (after Aug. 3)

CR2E037 (3/96)