

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # N42676 (9)

1. Corporation Name

PONTE VEDRA BEACH CHAPTER #4630 OF AMERICAN ASSO
CIATION OF RETIRED PERSONS, INC.

FILED

95 FEB 28 AM 4: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

P.O. BOX 268
PONTE VEDRA FL 32082

P.O. BOX 268
PONTE VEDRA FL 32082

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/25/1991

3a. Date of Last Report

06/06/1994

4. FEI Number

94-3116786

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 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

VAN DER POEL, JOHANNES P.G.
111 POSEIDON LANE
PONTE VEDRA BEACH FL 32082

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 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

Signature, typed or printed name of registered agent and the if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

2-8-95

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

P

NAME

VAN DER POEL, JOHANNES P.G.

STREET ADDRESS

111 POSEIDON LANE

CITY - ST - ZIP

PONTE VEDRA BEACH FL 32082

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

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

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

TITLE

V

NAME

HATCH, MABRY

STREET ADDRESS

131 LA PASADA CIR N.

CITY - ST - ZIP

PONTE VEDRA BEACH FL 32082

TITLE

SD

NAME

HIRSBERG, LORRAINE R.

STREET ADDRESS

130 WEST END LANE 605

CITY - ST - ZIP

PONTE VEDRA FL

TITLE

T

NAME

DELOACH, GENEVIEVE

STREET ADDRESS

349 PLAZA ST.

CITY - ST - ZIP

ATLANTIC BEACH FL 32233

TITLE

D

NAME

MCDANIEL, DOROTHA

STREET ADDRESS

427 LARESERVE CIR.

CITY - ST - ZIP

PONTE VEDRA FL 32082

TITLE

D

NAME

WHITE, LOUISE G.

STREET ADDRESS

164 SERRANO WAY

CITY - ST - ZIP

PONTE VEDRA BEACH FL 32082

TITLE

D

NAME

WHITE, LOUISE G.

STREET ADDRESS

164 SERRANO WAY

CITY - ST - ZIP

PONTE VEDRA BEACH FL 32082

TITLE

D

NAME

WHITE, LOUISE G.

STREET ADDRESS

164 SERRANO WAY

CITY - ST - ZIP

PONTE VEDRA BEACH FL 32082

14. I 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)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-95

(904) 285-5723