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Mar 04 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N44810 (2)

1. Corporation Name

NORTH OKALOOSA COUNTY CHAPTER #4675 OF AMERICAN
ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business

Mailing Address

% LOETTA SIMMONS
108 TYNER DRIVE
CRESTVIEW FL 32539
US% LOETTA SIMMONS
198 S. WILSON STREET
CRESTVIEW FL 32536-40483. Date Incorporated or Qualified
08/19/19913a. Date of Last Report
12/11/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRANCH, JOHN M
540 RED BIRD LANE
HOLT FL 32584

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

John M Branch

2-27-97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BRANCH, JOHN M	
STREET ADDRESS	540 RED BIRD LANE	
CITY-ST-ZIP	HOLT FL 32584	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	STEPHENSON, IRENE	
STREET ADDRESS	314 ADAMS DR.	
CITY-ST-ZIP	CRESTVIEW FL 32536	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	HARTER, DOROTHY	
STREET ADDRESS	205 S CHURCH ST	
CITY-ST-ZIP	CRESTVIEW FL 32539-4537	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	GOVER, IRENE	
STREET ADDRESS	17 CRESCENT AVE.	
CITY-ST-ZIP	CRESTVIEW FL 32539	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GARRETT, C.B.	
STREET ADDRESS	6222 OLD BETHEL RD.	
CITY-ST-ZIP	CRESTVIEW FL 32538	
TITLE	PVD	<input type="checkbox"/> DELETE
NAME	HAYES, FLORENCE	
STREET ADDRESS	838 CONYERS STREET	
CITY-ST-ZIP	CRESTVIEW FL 32536	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Bettie Allen
2.3 STREET ADDRESS	5948 Meadow Lane
2.4 CITY-ST-ZIP	Crestview, FL. 32536
3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Betty Hill
3.3 STREET ADDRESS	5224 Galliver Cut Off
3.4 CITY-ST-ZIP	Baker, FL. 32531
4.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Barbara Trumbull
4.3 STREET ADDRESS	1714 Pickens Circle
4.4 CITY-ST-ZIP	Baker, FL. 32531
5.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Loetta Simmons
5.3 STREET ADDRESS	108 Tyner Drive
5.4 CITY-ST-ZIP	Crestview, FL 32536
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

John M Branch

2-27-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0001004

CR2E037 (9/96)