FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # N 46162

1. Corporation Name
Port St John/Brevard County Chapter #4696 of American Association of Retired Persons, Inc

Principal Place of Business / Mailing Address
7260 Pluto Ave
Cocoa Fl 32927

3. Date Incorporated or Qualified: 11-21-1991
3a. Date of Last Report: 5-95

2. Principal Place of Business
21: 4375 Fay Blv
22: Suite, Apt. #, etc.
23: City & State: Cocoa Fl
24: Zip: 32927 — 25: Country: Brevard

2a. Mailing Address
26:
27: Suite, Apt. #, etc.
28: City & State
29: Zip — 30: Country

4. FEI Number: 52-1707919 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

Ann Clayton
7260 Pluto Ave
Cocoa Fl 32927

10. Name and Address of New Registered Agent

81 Name: Laura R. O'Hara
82 Street Address (P.O. Box Number is Not Acceptable): 4375 Fay Blv
83:
84 City: Cocoa — FL — 85 Zip Code: 32927

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: Laura R. O'Hara Treasurer — 3-15-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS — ☐ DELETE

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Clayton, Ann 7260 Pluto Ave Cocoa Fl
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Terry, Morris 225 Manth Av Cocoa
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Schweitzer Barbara 3680 Bannock St Cocoa
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Wrisley, Frank 711 Altura Dr Cocoa
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Dunham, Willis 4970 Carter St Cocoa
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Blakely, Glenera 6170 Janina Rd Cocoa

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 — ☐ Change ☐ Addition

11 TITLE / 12 NAME D / 13 STREET ADDRESS / 14 CITY-ST-ZIP	President Walter Butler P.O. Box 349 N/A Sharpes, Fl 32959
21 TITLE / 22 NAME D / 23 STREET ADDRESS / 24 CITY-ST-ZIP	Vice President Anna C Heeke 906 Macco Cocoa
31 TITLE / 32 NAME D / 33 STREET ADDRESS / 34 CITY-ST-ZIP	Secretary Ursula Forde 6300 Gulfview Av Cocoa
41 TITLE / 42 NAME D / 43 STREET ADDRESS / 44 CITY-ST-ZIP	Treasurer Laura R. O'Hara 4375 Fay Blv Cocoa
51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	
61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	100001758571 -03/26/96--01165--023 ***61.25

CR2E037 (12/95)

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: Laura R O'Hara — 3-15-94 — 407-631-4034
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SG 3-26-96