

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N46162** (6)

1. Corporation Name

PORT ST. JOHN/BREVARD COUNTY CHAPTER #4696 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.



Principal Place of Business	Mailing Address
4275 FAY BLVD COCOA FL 32927	6027 CARDIFF COCOA, FL. 32927

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 6027 CARDIFF		26 6027 CARDIFF		11/21/1991		03/26/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		52-1707919		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23 COCOA, FL.		28 COCOA, FL.		<input type="checkbox"/>		<input type="checkbox"/>	
Zip		Zip		6. Election Campaign Financing		\$5.00 May Be Added to Fees	
24 32927		29 32927		Trust Fund Contribution		<input type="checkbox"/>	
Country		Country		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25 BREVARD		30 BREVARD					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
O'HARA, LAURA 4275 FAY BLVD COCOA FL 32927				81 Name BIGOS, EDWARD J.			
BIGOS, EDWARD J. 6027 CARDIFF COCOA, FL. 32927				82 Street Address (P.O. Box Number is Not Acceptable)			
				6027 CARDIFF			
				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 EDWARD J. BIGOS, Treasurer Edward J. Bigos 4-19-97

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BUTLER, WALTER		1.2 NAME	CLAYTON, ANN M.			
STREET ADDRESS	P.O. BOX 249 N/A		1.3 STREET ADDRESS	7260 PLUTO AVE			
CITY-ST-ZIP	SHARPES FL 32959		1.4 CITY-ST-ZIP	COCOA, FL. 32927			
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HEEKE, ANNA		2.2 NAME				
STREET ADDRESS	908 MACCO		2.3 STREET ADDRESS				
CITY-ST-ZIP	COCOA FL		2.4 CITY-ST-ZIP				
TITLE	SD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FORDE, URSULA		3.2 NAME	SOMODY, BARBARA E			
STREET ADDRESS	6300 GOLFVIEW AVE		3.3 STREET ADDRESS	6660 SPYERNDALE ST			
CITY-ST-ZIP	COCOA FL		3.4 CITY-ST-ZIP	PORT ST JOHN, FL. 32927			
TITLE	TD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	O'HARA, LAURA		4.2 NAME	BIGOS, EDWARD J.			
STREET ADDRESS	4275 FAY BLVD		4.3 STREET ADDRESS	6027 CARDIFF			
CITY-ST-ZIP	COCOA FL		4.4 CITY-ST-ZIP	COCOA, FL. 32927			
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BLAKELY, GLENEVA		5.2 NAME	JACKSON DOROTHY			
STREET ADDRESS	6170 JANINA ROAD		5.3 STREET ADDRESS	6210 ARBOR AVE.			
CITY-ST-ZIP	COCOA FL		5.4 CITY-ST-ZIP	COCOA, FL. 32927			
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			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: [Signature] Date 4-19-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0019171

CR2E037 (9/96)