

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -6 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N49712** (5)

1. Corporation Name

GREATER NORTHERN PALM BEACH CHAPTER #4736 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business

Mailing Address

10690 AVENUE OF PGA
PALM BEACH GARDENS FL 33418

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PALM BEACH GARDENS FL 33418

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 07/07/1992	3a. Date of Last Report 05/01/1994
4. FEI Number 52-1758846	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for Intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
24 Zip	28 Zip
25 Country	29 Country
30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DANIELS, BRUCE J
336 GULFVIEW DR
#910
NORTH PALM BEACH FL 33408

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 *Bruce J. Daniels*

2-27-95

(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADOLPH, JAY	1.2 NAME	
STREET ADDRESS	10690 AVENUE OF P.G.A.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	VICE PRESIDENT & DIR. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIELS, BRUCE J	2.2 NAME	DOROTHY HOWARD
STREET ADDRESS	336 GULFVIEW DRIVE #910	2.3 STREET ADDRESS	5760 E. PRINCESS PALM CT.
CITY-ST-ZIP	N PALM BEACH FL 33408	2.4 CITY-ST-ZIP	DELRAY BEACH, FL 33484
TITLE	SD	3.1 TITLE	SECRETARY & DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD, DOROTHY	3.2 NAME	BRUCE J. DANIELS
STREET ADDRESS	5760 E. PRINCESS PALM CT.	3.3 STREET ADDRESS	336 GULFVIEW DR #910
CITY-ST-ZIP	DELRAY BEACH FL 33484	3.4 CITY-ST-ZIP	NO. PALM BEACH, FL 33408
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELSNER, JOHN	4.2 NAME	
STREET ADDRESS	4651 HOLLY DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOBER, DARLENE	5.2 NAME	
STREET ADDRESS	1018 WOODFIELD CIR	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GARDENS FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELLMUTH, JANET E	6.2 NAME	
STREET ADDRESS	11628 LANDING PL.	6.3 STREET ADDRESS	
CITY-ST-ZIP	N. PALM BEACH FL 33408	6.4 CITY-ST-ZIP	

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 118.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: *Jay Adolph*

2-27-95

407-626-3663

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