FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 26 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N51419 (2)

1. Corporation Name
NORTH ST. LUCIE COUNTY CHAPTER #4756 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business	Mailing Address
37 FLORES DEL NORTE FT PIERCE FL 34951 US	37 FLORES DEL NORTE FT PIERCE FL 34951 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/22/1992
3a. Date of Last Report: 04/15/1994
4. FEI Number: 94-3152318 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 6 MONTOYA	26 6 MONTOYA
22 Suite, Apt. #, etc. FT. PIERCE	27 Suite, Apt. #, etc.
23 City & State FLORIDA	28 City & State FT. PIERCE, FL
24 Zip 34951 25 Country US.	29 Zip 34951 30 Country U.S.

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

9. Name and Address of Current Registered Agent

CHASIE, WM.
37 FLORES DEL NORTE
FT PIERCE FL 34951

10. Name and Address of New Registered Agent

81 Name: DONALD A. HAUPT
82 Street Address (P.O. Box Number is Not Acceptable)
83 6 MONTOYA
84 City FT. PIERCE FL 85 Zip Code 34951

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 DONALD A. HAUPT Donald A. Haupt 4-19-95
Signature, typed or printed name of registered agent and title if applicable. (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	PRESIDENT - D	☒ Change ☐ Addition
NAME	CHASE, WM.	1.2 NAME	HAUPT, DONALD A.	
STREET ADDRESS	37 FLORES DEL NORTE	1.3 STREET ADDRESS	6 MONTOYA	
CITY-ST-ZIP	FT PIERCE FL	1.4 CITY-ST-ZIP	FT. PIERCE, FL. 34951	
TITLE	VPD	2.1 TITLE	VICE PRESIDENT-D	☒ Change ☐ Addition
NAME	URSO, RAY	2.2 NAME	WEAVER, JOSEPH	
STREET ADDRESS	22 MONTOYA	2.3 STREET ADDRESS	66 FLORES DEL NORTE	
CITY-ST-ZIP	FT. PIERCE FL	2.4 CITY-ST-ZIP	FT PIERCE FL. 34951	
TITLE	VPD	3.1 TITLE	TREASURER. D	☒ Change ☐ Addition
NAME	SISSON, CARL	3.2 NAME	HOGAN, DOROTHY	
STREET ADDRESS	431E. ERIE DR.	3.3 STREET ADDRESS	7 BOLERO	
CITY-ST-ZIP	FT PIERCE FL	3.4 CITY-ST-ZIP	FT. PIERCE FL. 34951	
TITLE	SD	4.1 TITLE		☐ Change ☐ Addition
NAME	SCHAMING, RUTH	4.2 NAME		
STREET ADDRESS	21 DANZAR	4.3 STREET ADDRESS		
CITY-ST-ZIP	FT PIERCE FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	BROWN, SAMUEL	5.2 NAME	CHASE, WILLIAM	
STREET ADDRESS	9 VILLA MARIA	5.3 STREET ADDRESS	37 FLORES DEL NORTE	
CITY-ST-ZIP	FT PIERCE FL	5.4 CITY-ST-ZIP	FT. PIERCE FL. 34951	
TITLE	D	6.1 TITLE	DIRECTOR.	☒ Change ☐ Addition
NAME	BROWN, DOUGLAS	6.2 NAME	REINHARDT, MARYLOU	
STREET ADDRESS	35 GRANDE CAMINO WAY	6.3 STREET ADDRESS	55 SANLUIS OBISPO	
CITY-ST-ZIP	FT PIERCE FL	6.4 CITY-ST-ZIP	FT. PIERCE FL. 34951	

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: DONALD A. HAUPT Donald A. Haupt 4-19-95 407-464-2825
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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