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Feb 05 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N51419 (2)

1. Corporation Name

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

Principal Place of Business

65 FLORES DEL NORTE
FT. PIERCE FL 34951
US

Mailing Address

65 FLORES DEL NORTE
FT. PIERCE FL 34951-2879
US3. Date Incorporated or Qualified
10/22/19923a. Date of Last Report
02/07/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

94-3152318

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEAVER, JOSEPH S.
65 FLORES DEL NORTE
FT. PIERCE FL 34951

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

Joseph S. Weaver

(NOTE: Registered Agent signature required when reinstating)

DATE

1-28-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME WEAVER, JOSEPH S.
STREET ADDRESS 65 FLORES DEL NORTE
CITY-ST-ZIP FT. PIERCE FL☐ DELETETITLE VPD
NAME FEHER, LOUIS
STREET ADDRESS 12 OCTAVIO
CITY-ST-ZIP FT. PIERCE FL☐ DELETETITLE TD
NAME HOGAN, DOROTHY
STREET ADDRESS 7 BOLERO
CITY-ST-ZIP FT PIERCE FL☐ DELETETITLE SD
NAME GOSS, MARY
STREET ADDRESS 7 JULIA
CITY-ST-ZIP FT. PIERCE FL☐ DELETETITLE D
NAME KOVACS, MARY
STREET ADDRESS 22 ECUADOR WAY
CITY-ST-ZIP FT. PIERCE FL☐ DELETETITLE D
NAME REINHARDT, MARY LOU
STREET ADDRESS 55 SAN LUIS OBISPO
CITY-ST-ZIP FT PIERCE FL☒ DELETE1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☒ Change ☐ Addition

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:

Joseph S. Weaver Joseph S. Weaver 1-28-97 561-4667987

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0070669

CR2E037 (9/96)