FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1997

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

FILED
Apr 02 1997 8:00am
Secretary of State

DOCUMENT # N92000000079

1. Corporation Name
EAST HERNANDO CHAPTER #4765, A.A.R.P.

Principal Place of Business
c/o ARTHUR BOEHLING 30435 PARK RIDGE DRIVE
30435 PARK RIDGE DR. BROOKSVILLE, FL
BROOKSVILLE, FL 34602 34602

Mailing Address

3. Date Incorporated or Qualified	3a. Date of Last Report 1996
4. FEI Number N.A.	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

ARTHUR BOEHLING
30435 PARK RIDGE DRIVE
BROOKSVILLE, FL 34602

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Treasurer Officer ☒ DELETE	1.1 TITLE	Treasurer Officer ☒ Change ☐ Addition
NAME	Bernice Green	1.2 NAME	Jerome Tatum
STREET ADDRESS	31232 Lancewood Dr.	1.3 STREET ADDRESS	31205 Lancewood Dr.
CITY-ST-ZIP	Brooksville FL 34602	1.4 CITY-ST-ZIP	Brooksville FL 34602
TITLE	Vice-President D ☒ DELETE	2.1 TITLE	Vice-President D ☒ Change ☐ Addition
NAME	Gene Cox	2.2 NAME	Betty Mckee
STREET ADDRESS	P.O. Box 820 N/A	2.3 STREET ADDRESS	7130 Kensington Circle
CITY-ST-ZIP	Tilby, FL 33593	2.4 CITY-ST-ZIP	Brooksville, FL 34602
TITLE	Secretary D ☒ DELETE	3.1 TITLE	Secretary D ☒ Change ☐ Addition
NAME	Mazie Walton	3.2 NAME	Rita Fontaine
STREET ADDRESS	31204 Lancewood Dr.	3.3 STREET ADDRESS	6383 Shadywood Lane
CITY-ST-ZIP	Brooksville, FL 34602	3.4 CITY-ST-ZIP	Brooksville, FL 34602
TITLE	T D ☒ DELETE	4.1 TITLE	T D ☒ Change ☐ Addition
NAME	Ruth Yarbrough	4.2 NAME	Mazie Walton
STREET ADDRESS	6349 Shadywood Lane	4.3 STREET ADDRESS	31204 Lancewood Dr.
CITY-ST-ZIP	Brooksville, FL 34602	4.4 CITY-ST-ZIP	Brooksville, FL 34602
TITLE	D ☒ DELETE	5.1 TITLE	D ☒ Change ☐ Addition
NAME	MA RITA FOHTAINE	5.2 NAME	RUTH BOEHLING
STREET ADDRESS	6383 SHADYWOOD LANE	5.3 STREET ADDRESS	30435 PARK RIDGE DR.
CITY-ST-ZIP	BROOKSVILLE, FL 34602	5.4 CITY-ST-ZIP	BROOKSVILLE, FL 34602
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	900002132049
STREET ADDRESS		6.3 STREET ADDRESS	-04/02/97--01124--018
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***61.25

CR2E037 (9/96)

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: MAZIE WALTON Mazie Walton 3/31/97 (352) 799-1730 4/2/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #