CORPORATION ANNUAL REPORT

1994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
94 SEP 26 PM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name: Century Area Chapter #4896 of American Association of Retired Persons, Inc.

DOCUMENT # N93000005379

Mailing Address: 140 Highway 4 West, P.O. Box 222, Century, FL 32535-0222

Principal Place of Business:

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 30 November 1993

3a. Date of Last Report: N/A

2. Mailing Address (21): P.O. Box 222

2a. Principal Place of Business (26):

4. FEI Number: [X] Applied For [ ] Not Applicable

Suite, Apt. #, etc. (22):

Suite, Apt. #, etc. (27):

5. Certificate of Status Desired: $8.75 Additional Fee Required [ ]

6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees

City & State (23): Century, FL

City & State (28):

7. Nonprofit Exempt from $138.75 Supplemental Fee [ ]

Zip (24): 32535 Country (25): Escambia

Zip (29): Country (30):

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [ ] Yes [X] No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name: Charles L. Scott

82 Street Address (P.O. Box Number is Not Acceptable): 140 Highway 4 West

83

84 City: Century, Florida FL 85 Zip Code: 32535-0222

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or 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 607.0505 or 617.0503, Florida Statutes.

SIGNATURE: Charles L Scott (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when mandatory) DATE: 10/7/94

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	President Charles L. Scott 140 Highway 4 West Century, FL 32536-0222	
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	V/P Ada Bright 8311 Alger Rd Century FL 32535-0342	
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	S/D Gladys Hicks 851 Salters Lake Rd Century FL 32535	
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	T/D Rebecca D White 6750 Jefferson Ave Century FL 32535	
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D Mary Lee Bass 351 Hilltop Rd Century FL 32535-0362	
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	D S. Washington Williams 8801 Century Blvd Century FL 32535-0086	

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)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 or 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: Charles L Scott 10/7/94 (904) 256-4230

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

Charles L. Scott