

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAR 16 AM 10:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N9400002070 (0)**

1. Corporation Name

WINTER SPRINGS CHAPTER #4949 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business Mailing Address  
640 CHEOY LEE CIRCLE 640 CHEOY LEE CIRCLE  
WINTER SPRINGS FL 32708 WINTER SPRINGS FL 32708

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>04/26/1994</b>	3a. Date of Last Report <b>N/A</b>
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> 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	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BATTEE, ERNEST  
640 CHEOY LEE CIRCLE  
WINTER SPRINGS FL 32708

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 607.0508, Florida Statutes.

SIGNATURE

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATTEE, ERNEST	1.2 NAME	
STREET ADDRESS	640 CHEOY LEE CIRCLE	1.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER SPRINGS FL 32708	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SVENDSEN, ADELE	2.2 NAME	
STREET ADDRESS	306 SAN TOMAS DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	CASSELBERRY FL 32707	2.4 CITY - ST - ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAYL, FRANCES	3.2 NAME	
STREET ADDRESS	347 FAIRGREEN PLACE	3.3 STREET ADDRESS	
CITY - ST - ZIP	CASSELBERRY FL 32707	3.4 CITY - ST - ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, EDWARD	4.2 NAME	
STREET ADDRESS	398 RINGWOOD CIRCLE	4.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER SPRINGS FL 32708	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, ELSIE	5.2 NAME	
STREET ADDRESS	212 FAIRWAY ROAD	5.3 STREET ADDRESS	
CITY - ST - ZIP	LONGWOOD FL 32779	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORGAN, SARAH	6.2 NAME	
STREET ADDRESS	241 W. WARREN AVENUE	6.3 STREET ADDRESS	
CITY - ST - ZIP	LONGWOOD FL 32750	6.4 CITY - ST - ZIP	

DiL  
SUMPLE, ELIZABETH  
395 BRUSHWOOD LN  
WINTER SPRINGS FL 32708

SIGNATURE: ERNEST BATTEE, PRES. Ernest Battee 3/13/95 407-695-1182  
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OFFICER OR DIRECTOR Date (Type in Year)