

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000002070 (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

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

3. Date Incorporated or Qualified 3a. Date of Last Report
04/26/1994 03/16/1995
4. FEI Number 593379864 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

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
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME BATTEE, ERNEST
STREET ADDRESS 640 CHEOY LEE CIRCLE
CITY-ST-ZIP WINTER SPRINGS FL 32708
TITLE VD
NAME SVENDSEN, ADELE
STREET ADDRESS 308 SAN TOMAS DRIVE
CITY-ST-ZIP CASSELBERRY FL 32707
TITLE SD
NAME RAYL, FRANCES
STREET ADDRESS 347 FAIRGREEN PLACE
CITY-ST-ZIP CASSELBERRY FL 32707
TITLE TD
NAME MILLER, EDWARD
STREET ADDRESS 396 RINGWOOD CIRCLE
CITY-ST-ZIP WINTER SPRINGS FL 32708
TITLE D
NAME CARTER, ELSIE
STREET ADDRESS 212 FAIRWAY ROAD
CITY-ST-ZIP LONGWOOD FL 32779
TITLE D
NAME SUMPLE, ELIZABETH
STREET ADDRESS 395 BRUSHWOOD LANE
CITY-ST-ZIP WINTER SPRINGS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP Change Addition
21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP Change Addition
31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP Change Addition
41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP Change Addition
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP Change Addition
61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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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: Ernest R. Battee ERNEST R. BATTEE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96

Date

407-695-1182

Daytime Phone #

CR2E037 (12/95)