

FILE NOW: FILING FEE IS \$61.25

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Mar 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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 640 CHEOY LEE CIRCLE WINTER SPRINGS FL 32708		Mailing Address 640 CHEOY LEE CIRCLE WINTER SPRINGS FL 32708-5120	
2. Principal Place of Business 21 WINTER SPRGS. SENIOR CNTR Suite, Apt. #, etc. 22 400 NO. RICHMOND AV. City & State 23 WINTER SPRINGS, FL. Zip 24 32708		2a. Mailing Address 26 148 SUNCREST LOOP, #204 Suite, Apt. #, etc. 27 CASSELBERRY, FL. City & State 28 32707 U.S.A. Zip Country 29 U.S.A.	
3. Date Incorporated or Qualified 04/26/1994		3a. Date of Last Report 05/01/1996	
4. FEI Number 59-3379864		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent BATTEE, ERNEST 640 CHEOY LEE CIRCLE WINTER SPRINGS FL 32708		10. Name and Address of New Registered Agent 81 Name JUNE R. SUNDERLAND 82 Street Address (P.O. Box Number is Not Acceptable) 748 SUNCREST LOOP, #204 83 CASSELBERRY, FL. 84 City FL 85 Zip Code 32707	
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 <i>June R. Sunderland</i> Signature by or for printed name of registered agent and file if applicable		DATE March 17, 1997 (NOTE: Registered Agent signature required when reinstating)	
12. OFFICERS AND DIRECTORS			
TITLE	PD	<input type="checkbox"/> DELETE	
NAME	BATTEE, ERNEST		
STREET ADDRESS	640 CHEOY LEE CIRCLE		
CITY-ST-ZIP	WINTER SPRINGS FL 32708		
TITLE	VD	<input type="checkbox"/> DELETE	
NAME	SVENDSEN, ADELE		
STREET ADDRESS	306 SAN TOMAS DRIVE		
CITY-ST-ZIP	CASSELBERRY FL 32707		
TITLE	SD	<input type="checkbox"/> DELETE	
NAME	RAYL, FRANCES		
STREET ADDRESS	347 FAIRGREEN PLACE		
CITY-ST-ZIP	CASSELBERRY FL 32707		
TITLE	TD	<input type="checkbox"/> DELETE	
NAME	MILLER, EDWARD		
STREET ADDRESS	306 RINGWOOD CIRCLE		
CITY-ST-ZIP	WINTER SPRINGS FL 32708		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	CARTER, ELSIE		
STREET ADDRESS	212 FAIRWAY ROAD		
CITY-ST-ZIP	LONGWOOD FL 32779		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	SUMPLE, ELIZABETH		
STREET ADDRESS	395 BRUSHWOOD LANE		
CITY-ST-ZIP	WINTER SPRINGS FL		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	Pres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME	June R. Sunderland		
1.3 STREET ADDRESS	748 Suncrest Loop, #204		
1.4 CITY-ST-ZIP	Casselberry, FL 32707		
2.1 TITLE	VPr.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME	Bob Mahon		
2.3 STREET ADDRESS	1015 Antelope Trail		
2.4 CITY-ST-ZIP	Winter Springs, FL 32708		
3.1 TITLE	Secy	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME	Alice Collins		
3.3 STREET ADDRESS	630 Westlake Circle		
3.4 CITY-ST-ZIP	Longwood, FL 32750		
4.1 TITLE	Treas	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME	Betty Scott		
4.3 STREET ADDRESS	636 Artesia Street		
4.4 CITY-ST-ZIP	Oviedo, FL 32765		
5.1 TITLE	Drk	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME	Betty Sumple		
5.3 STREET ADDRESS	395 Brushwood Lane		
5.4 CITY-ST-ZIP	Winter Springs, FL 32708		
6.1 TITLE	Drk	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME	Ernest Battee		
6.3 STREET ADDRESS	640 Cheoy Lee Circle		
6.4 CITY-ST-ZIP	Winter Springs, FL 32708		
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: <i>June R. Sunderland</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E037 (9/96)