FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

$

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 10: 41

DOCUMENT # N94000002445 (4)

1. Corporation Name

CLEWISTON CHAPTER #4958 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business	Mailing Address
424 E. SAGAMORE AVENUE CLEWISTON FL 33440	424 E. SAGAMORE AVENUE CLEWISTON FL 33440

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/16/1994
3a. Date of Last Report:
4. FEI Number: 52-1836178 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 311 EAST OSCEOLA AVE	26 311 EAST OSCEOLA AVE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 CLEWISTON FLA	City & State 28 CLEWISTON FLA
Zip / Country 24 33440 / 25 HENDRY	Zip / Country 29 33440 / 30 HENDRY

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SUTTON, PETER F
424 E. SAGAMORE AVENUE
CLEWISTON FL 33440

10. Name and Address of New Registered Agent

81 Name: RACKSTRAW, GAYNAM
82 Street Address (P.O. Box Number is Not Acceptable): 311 EAST OSCEOLA AVE
83
84 City: CLEWISTON FLA **FL** 85 Zip Code: 33440

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 607.0505, Florida Statutes.

SIGNATURE: G.D. Rackstraw (GAYNAM D. RACKSTRAW, TREASURER) MAR 17, 1995
(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	11 TITLE	PD	☒ Change ☐ Addition
NAME	SUTTON, PETER F	12 NAME	MARGARET E BISHOP	
STREET ADDRESS	424 E. SAGAMORE AVENUE	13 STREET ADDRESS	759 WOODLAND BLVD M. R. E.	
CITY-ST-ZIP	CLEWISTON FL 33440	14 CITY-ST-ZIP	CLEWISTON FLA 33440	
TITLE	VD	21 TITLE	VD	☒ Change ☐ Addition
NAME	BEGGS, MARY J	22 NAME	JENNINGS, PEGGY L	
STREET ADDRESS	645 PASADENA AVENUE	23 STREET ADDRESS	144 TROPICAL MOBILE HOME PARK	
CITY-ST-ZIP	CLEWISTON FL 33440	24 CITY-ST-ZIP	CLEWISTON FLA 33440	
TITLE	SD	31 TITLE	SD	☒ Change ☐ Addition
NAME	AROCHO, VICENTE	32 NAME	BULIFANT BETTY H	
STREET ADDRESS	445 KENNEL ST. MONTURA	33 STREET ADDRESS	919 NORTH BERNER ROAD	
CITY-ST-ZIP	CLEWISTON FL 33440	34 CITY-ST-ZIP	CLEWISTON FLA 33440	
TITLE	TD	41 TITLE	TD	☐ Change ☐ Addition
NAME	RACKSTRAW, GAYNAM D	42 NAME	RACKSTRAW, GAYNAM D	
STREET ADDRESS	311 E. OSCEOLA AVENUE	43 STREET ADDRESS	311 EAST OSCEOLA AVE	
CITY-ST-ZIP	CLEWISTON FL 33440	44 CITY-ST-ZIP	CLEWISTON FLA 33440	
TITLE	D	51 TITLE	D	☒ Change ☐ Addition
NAME	DINGLE, JOHN H	52 NAME	VANCIL KATIE	
STREET ADDRESS	211 NORTH W.C. OWENS AVENUE	53 STREET ADDRESS	715 BOND ST	
CITY-ST-ZIP	CLEWISTON FL 33440	54 CITY-ST-ZIP	CLEWISTON FLA 33440	
TITLE	D	61 TITLE	D	☒ Change ☐ Addition
NAME	BISHOP, ALOICE G	62 NAME	CORDES GEORGE C	
STREET ADDRESS	769 WOODLAND BLVD.	63 STREET ADDRESS	339 WEST EL PASO AVE	
CITY-ST-ZIP	CLEWISTON FL 33440	64 CITY-ST-ZIP	CLEWISTON FLA 33440	

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 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: G.D. Rackstraw (G.D. RACKSTRAW, TREAS.) MAR. 17, 1995 813-983-6431
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

0048960