

**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 # N94000002445 (4)**

1. Corporation Name

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



000001755530  
03/25/96--01020--001

Principal Place of Business: 311 EAST OSCEOLA AVE, CLEWISTON FL 33440, US  
Mailing Address: 311 E OSCEOLA AVE, CLEWISTON FL 33440, US

3. Date Incorporated or Qualified: 05/16/1994  
3a. Date of Last Report: 03/30/1995

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		52-1836178	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
	Zip	28	City & State			
23	Country	29	Country	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	Country	30	Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
RACKSTRAW, GAYNAM 311 EAST OSCEOLA AVE CLEWISTON FL 33440				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83	919 NORTH BERNER ROAD		
				84	City	FL	85
				CLEWISTON			33440

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: *Betty H. Bulifant* (Signature, typed or printed name of registered agent and title if applicable) *Betty H. Bulifant* (NOTE: Registered Agent signature required when re-filing) *3/18/96* (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	Change Addition
NAME	MARGARET E BISHOP	1.2 NAME	
STREET ADDRESS	759 WOODLAND BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEWISTON FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	Change Addition
NAME	JENNINGS, PEGGY L	2.2 NAME	
STREET ADDRESS	144 TROPICAL MOBILE HOME PARK	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEWISTON FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	Change Addition
NAME	BULLIFANT BETTY H	3.2 NAME	
STREET ADDRESS	919 N BERNER RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEWISTON FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	Change Addition
NAME	RACKSTRAW GAYNAM	4.2 NAME	
STREET ADDRESS	311 E. OSCEOLA AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEWISTON FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	Change Addition
NAME	VANCIL KATIE	5.2 NAME	
STREET ADDRESS	715 BOND ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEWISTON FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	Change Addition
NAME	CORDES GEORGE C	6.2 NAME	
STREET ADDRESS	339 W EL PASO AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	CLEWISTON FL	6.4 CITY-ST-ZIP	
TITLE	D	7.1 TITLE	Change Addition
NAME	PEGGY L JENNINGS	7.2 NAME	
STREET ADDRESS	144 TROPICAL MOBILE HOME PARK	7.3 STREET ADDRESS	
CITY-ST-ZIP	CLEWISTON FL	7.4 CITY-ST-ZIP	

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: *Margaret E. Bishop* MARGARET E. BISHOP 2-27-1996 941 983 5557  
Date: 5G 3-25-96

CR2E037 (12/95)