

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.**



Principal Place of Business

Mailing Address

311 EAST OSCEOLA AVE
CLEWISTON FL 33440
US

311 E OSCEOLA AVE
CLEWISTON FL 33440
US

000001755530

03/25/96--01020--001

3. Date incorporated or Qualified

05/16/1994

3a. Date of Last Report

03/30/1995

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

Zip

Country

24

25

29

30

4. FEI Number

52-1836178

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

**RACKSTRAW, GAYNAM
311 EAST OSCEOLA AVE
CLEWISTON FL 33440**

81 Name

BETTY BULIFANT

82 Street Address (P.O. Box Number is Not Acceptable)

919 NORTH BERNER ROAD

83

84 City

CLEWISTON

FL

85 Zip Code

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

Betty H. Bulifant

3/18/96

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

**PD
MARGARET E BISHOP
759 WOODLAND BLVD
CLEWISTON FL**

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

**VD
JENNINGS, PEGGY L
144 TROPICAL MOBILE HOME PARK
CLEWISTON FL**

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

**SD
BULIFANT BETTY H
919 N BERNER RD
CLEWISTON FL**

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

**TD
RACKSTRAW GAYNAM
311 E. OSCEOLA AVENUE
CLEWISTON FL**

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

**D
VANCIL KATIE
715 BOND ST
CLEWISTON FL**

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

**D
CORDES GEORGE C
339 W EL PASO AVE
CLEWISTON FL**

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

**PD
ALOICE G BISHOP
759 WOODLAND BLVD
CLEWISTON FL 33440**

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

**VD
GEORGE C CORDES
339 WEST ELPASO
CLEWISTON FL 33440**

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

**SD
BETTY H BULIFANT
919 NORTH BERNER ROAD
CLEWISTON FL 33440**

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

**TD
MARGARET E BISHOP
759 WOODLAND BLVD
CLEWISTON FL 33440**

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

**D
KATIE VANCIL
715 BOND ST
CLEWISTON FL 33440**

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

**D
PEGGY L JENNINGS
144 TROPICAL MOBILE HOME PARK
CLEWISTON FL 33440**

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

6.5 TITLE

6.6 NAME

6.7 STREET ADDRESS

6.8 CITY - ST - ZIP

6.9 TITLE

6.10 NAME

6.11 STREET ADDRESS

6.12 CITY - ST - ZIP

6.13 TITLE

6.14 NAME

6.15 STREET ADDRESS

6.16 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

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone

5G 3-25-96

CR2E037 (12/95)