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May 15 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 # 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 33440-3111  
US

339 West El Paso Avenue,  
Clewiston, FL 33440

339 West El Paso Ave.,  
Clewiston, FL 33440

2. Principal Place of Business

2a. Mailing Address

21 339 West El Paso Ave.,

26 339 West El Paso Ave.,

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Clewiston, FL 33440

28 Clewiston, FL 33440

Zip

Country

Zip

Country

24 33440

25 USA

29 33440

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BULIFANT, BETTY George C. Cordes,  
919 N BERNER RD 339 West El Paso Avenue,  
CLEWISTON FL 33440 Clewiston, FL 33440

81 Name George C. Cordes, President

82 Street Address (P.O. Box Number is Not Acceptable)  
339 West El Paso Avenue

83 Clewiston, FL 33440

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

George C. Cordes George C. Cordes, President

Feb. 24, 1997

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  
NAME BISHOP, ALOICE G  
STREET ADDRESS 759 WOODLAND BLVD  
CITY - ST - ZIP CLEWISTON FL

1.1 TITLE President/Director  
1.2 NAME George C. Cordes  
1.3 STREET ADDRESS 339 West El Paso Avenue  
1.4 CITY - ST - ZIP Clewiston, FL 33440

TITLE D  
NAME JENNINGS, PEGGY L  
STREET ADDRESS 144 TROPICAL MOBILE HOME PARK  
CITY - ST - ZIP CLEWISTON FL

2.1 TITLE Vice President/Director  
2.2 NAME Mrs. Katie Vancil,  
2.3 STREET ADDRESS 715 Bond Street,  
2.4 CITY - ST - ZIP Clewiston, FL 33440

TITLE SD  
NAME BULLIFANT BETTY H  
STREET ADDRESS 919 N BERNER RD  
CITY - ST - ZIP CLEWISTON FL

3.1 TITLE Mrs. Betty Bulifant,  
3.2 NAME Secretary/Director  
3.3 STREET ADDRESS 919 N. Berner Road,  
3.4 CITY - ST - ZIP Clewiston, FL 33440

TITLE TD  
NAME BISHOP, MARGARET E  
STREET ADDRESS 759 WOODLAND BLVD  
CITY - ST - ZIP CLEWISTON FL 33440

4.1 TITLE Treasurer/Director  
4.2 NAME Mrs. Linda Stapleton,  
4.3 STREET ADDRESS Lot 51,  
4.4 CITY - ST - ZIP P.O. Box 416, Riverroad-  
Moore Haven, FL 33471 Bowden Estates

TITLE D  
NAME VANCIL KATIE  
STREET ADDRESS 715 BOND ST  
CITY - ST - ZIP CLEWISTON FL

5.1 TITLE Director  
5.2 NAME Mr. Henry Stapleton,  
5.3 STREET ADDRESS Lot 51,  
5.4 CITY - ST - ZIP P.O. Box 416, Riverroad-  
Moore Haven, FL 33471 Bowden Estates

TITLE VD  
NAME CORDES GEORGE C  
STREET ADDRESS 339 W EL PASO AVE  
CITY - ST - ZIP CLEWISTON FL

6.1 TITLE Mrs. Naomi Thompson  
6.2 NAME Director  
6.3 STREET ADDRESS Route 2, Box 151,  
6.4 CITY - ST - ZIP Clewiston, FL 33440

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/97 (945) 983-7723

CR2E037 (9/96)