

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 # N94000003398 (4)

1. Corporation Name

RICHARDSON HEIGHTS CHAPTER #4951 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.



Principal Place of Business

Mailing Address

4297 FRANCIS ROAD
JACKSONVILLE FL 32209

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JACKSONVILLE FL 32209

3. Date Incorporated or Qualified **07/11/1994** 3a. Date of Last Report **08/25/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FBI Number 52-1844044	Applied For
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Country	30	Country			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHUMAN, BARBARA
4297 FRANCIS ROAD
JACKSONVILLE FL 32209**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

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 officer 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 _____ (NOTE: Registered Agent signature required when changing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIE M. GUNDY	12 NAME	
STREET ADDRESS	1156 W 8TH STREET	13 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32209	14 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COBB, THELMA C	22 NAME	
STREET ADDRESS	5051 GRANN LLOYD DRIVE	23 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32209	24 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, WINIFRED	32 NAME	
STREET ADDRESS	11054 LOSCO JUNCTION DRIVE	33 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32257	34 CITY - ST - ZIP	
TITLE	TD <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, VIRGINI H	42 NAME	
STREET ADDRESS	6121 POPE PLACE	43 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32209	44 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, OLA M	52 NAME	
STREET ADDRESS	1864 KINGS ROAD, #116	53 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32209	54 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, MARCEY K	62 NAME	
STREET ADDRESS	701 N. OCEAN STREET, #707	63 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32202	64 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: *W.H. Smith, Treasurer* 2/9/96 904-768-3994
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

CR2E037 (12/95)