

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 26 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | 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 4297 FRANCIS ROAD JACKSONVILLE FL 32209 | Mailing Address 4297 FRANCIS ROAD JACKSONVILLE FL 32209-1805 |
|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------|

| | | | |
|--------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 3. Date Incorporated or Qualified 07/11/1994 | 3a. Date of Last Report 02/15/1996 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 4. FEI Number 52-1844044 | Applied For Not Applicable |
| City & State 23 | City & State 28 | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| Zip 24 | Country 25 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent
**SHUMAN, BARBARA
4297 FRANCIS ROAD
JACKSONVILLE FL 32209**

10. Name and Address of New Registered Agent

| |
|-------------------------------------------------------|
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 |
| 84 City |
| 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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------------------|---------------------------------|
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | WILLIE M. GUNDY | |
| STREET ADDRESS | 1158 W 8TH STREET | |
| CITY-ST-ZIP | JACKSONVILLE FL 32209 | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | COBB, THELMA C | |
| STREET ADDRESS | 5051 GRANN LLOYD DRIVE | |
| CITY-ST-ZIP | JACKSONVILLE FL 32209 | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | WILLIAMS, WINIFRED | |
| STREET ADDRESS | 11054 LOSCO JUNCTION DRIVE | |
| CITY-ST-ZIP | JACKSONVILLE FL 32257 | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | SMITH, VIRGINI H | |
| STREET ADDRESS | 6121 POPE PLACE | |
| CITY-ST-ZIP | JACKSONVILLE FL 32209 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | JONES, OLA M | |
| STREET ADDRESS | 1884 KINGS ROAD, #116 | |
| CITY-ST-ZIP | JACKSONVILLE FL 32209 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | NELSON, MARCEY K | |
| STREET ADDRESS | 701 N. OCEAN STREET, #707 | |
| CITY-ST-ZIP | JACKSONVILLE FL 32202 | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|-------------------------------------------------------------------|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

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: _____ DATE: _____ DAYTIME PHONE: #0005289

CR2E037 (9/96)

Ola Jones 2/15/97