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

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***61.25

DOCUMENT # N95000004988 (0)

1. Corporation Name

GREATER OVIEDO CHAPTER #5067 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business	Mailing Address
1155 KERWOOD CIRCLE OVIEDO FL 32765-6194	1155 KERWOOD CIRCLE OVIEDO FL 32765-6194

3. Date Incorporated or Qualified: 10/20/1995
3a. Date of Last Report: N/A

2. Principal Place of Business
21 1497 Tuskawilla Rd
22 Suite, Apt. #, etc.
23 City & State: Oviedo, FL.
24 Zip: 32765
25 Country: USA

2a. Mailing Address
26 1497 Tuskawilla Rd
27 Suite, Apt. #, etc.
28 City & State: Oviedo FL.
29 Zip: 32765
30 Country: USA

4. FEI Number: 521863498 ☐ 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

ODAHOWSKI, WILLIAM J
1155 KERWOOD CIRCLE
OVIEDO FL 32765-6194

10. Name and Address of New Registered Agent

81 Name: Gordon Camp
82 Street Address (P.O. Box Number is Not Acceptable): 1497 Tuskawilla Rd
83
84 City: Oviedo, FL. FL 85 Zip Code: 32765

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: Gordon E. Camp — Gordon E Camp — 1-31-96
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	D	☒ DELETE	1.1 TITLE	VPP	☐ Change ☒ Addition
NAME	ODAHOWSKI, WILLIAM J		1.2 NAME	Fred Faist	
STREET ADDRESS	1155 KERWOOD CIRCLE		1.3 STREET ADDRESS	1010 Cutoff Branch Ct.	
CITY-ST-ZIP	OVIEDO FL 32765-6194		1.4 CITY-ST-ZIP	Oviedo, FL. 32765	
TITLE	VPD	☒ DELETE	2.1 TITLE	PD	☐ Change ☒ Addition
NAME	BROOKS, ALLEN		2.2 NAME	Gordon E. Camp	
STREET ADDRESS	1021 HORNBEAM STREET		2.3 STREET ADDRESS	1497 Tuskawilla Rd.	
CITY-ST-ZIP	OVIEDO FL 32765		2.4 CITY-ST-ZIP	Oviedo, FL. 32765	
TITLE	SD	☒ DELETE	3.1 TITLE	SD BILLIE C. THOMAS	☒ Change ☒ Addition
NAME	THOMAS, BILLIE		3.2 NAME		
STREET ADDRESS	950 ROLLINGWOOD LOOP, #104		3.3 STREET ADDRESS	937 ROLLINGWOOD LOOP #111	
CITY-ST-ZIP	CASSELBERRY FL 32707		3.4 CITY-ST-ZIP	CASSELBERRY, FL 32707	
TITLE	TD	☒ DELETE	4.1 TITLE	TREASURER	☒ Change ☐ Addition
NAME	STEPHENS, DONALD		4.2 NAME	DONALD STEPHENS	
STREET ADDRESS	4107 THATCH PALM COURT		4.3 STREET ADDRESS	4107 Thatch Palm Ct.	
CITY-ST-ZIP	OVIEDO FL 32765		4.4 CITY-ST-ZIP	Oviedo, Fl. 32765	
TITLE	D	☒ DELETE	5.1 TITLE	D Joseph Braun	☒ Change ☐ Addition
NAME	BRAUN, JOSEPH		5.2 NAME		
STREET ADDRESS	1415 CURA COURT		5.3 STREET ADDRESS	1415 Cura Court	
CITY-ST-ZIP	OVIEDO FL 32765		5.4 CITY-ST-ZIP	Oviedo, Fl. 32765	
TITLE	D	☒ DELETE	6.1 TITLE	D	☒ Change ☐ Addition
NAME	MCKENNA, CHARLES J		6.2 NAME	Charles J McKenna Jr.	
STREET ADDRESS	875 EASTR PALM VALLEY DRIVE		6.3 STREET ADDRESS	875 East Palm Drive	
CITY-ST-ZIP	OVIEDO FL 32765		6.4 CITY-ST-ZIP	Oviedo, Fl. 32765	

5-1-96

CR2E037 (12/95)

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: Gordon E. Camp — Gordon E Camp — 1-31-96 — 407-671-2944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #