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FILED

May 15 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000004988 (0)

1. Corporation Name

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

Principal Place of Business

Mailing Address

1497 TUSKOWILLA ROAD  
OVIEDO FL 327651497 TUSKOWILLA ROAD  
OVIEDO FL 32765-87911010 CUTOFF BRANCH COURT  
OVIEDO, FL 32765

SAME

2. Principal Place of Business

2a. Mailing Address

21 1010 CUTOFF BRANCH

26 1010 CUTOFF BRANCH CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 OVIEDO FL 32765

27 OVIEDO FL

City &amp; State

City &amp; State

23 32765 USA

28 32765 USA

Zip

Country

Zip

Country

24 32765 USA

29 32765 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAMP, GORDON  
1497 TUSKOWILLA ROAD  
OVIEDO FL 32765

81 Name

FRED FAIST

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

1010 CUTOFF BRANCH COURT

83

OVIEDO

84 City

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

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

(NOTE: Registered Agent signature required when reappointing)

4-5-97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETENAME CAMP, GORDON  
STREET ADDRESS 1497 TUSKOWILLA ROAD  
CITY-ST-ZIP OVIEDO FL 327651.1 TITLE PD ☒ Change ☐ Addition1.2 NAME FAIST, FRED  
1.3 STREET ADDRESS 1010 CUTOFF BRANCH COURT  
1.4 CITY-ST-ZIP OVIEDO, FL 32765TITLE VPD ☐ DELETENAME FAIST, FRED  
STREET ADDRESS 1010 CUTOFF BRANCH COURT  
CITY-ST-ZIP OVIEDO FL 327652.1 TITLE VPD ☒ Change ☐ Addition2.2 NAME CAMP, GORDON  
2.3 STREET ADDRESS 1497 TUSKOWILLA RD  
2.4 CITY-ST-ZIP OVIEDO, FL 32765TITLE SD ☐ DELETENAME THOMAS, BILLIE  
STREET ADDRESS 837 ROLLINGWOOD LOOP, #121  
CITY-ST-ZIP CASSELBERRY FL 327073.1 TITLE SD ☒ Change ☐ Addition3.2 NAME THOMAS, BILLIE C.  
3.3 STREET ADDRESS 1038 CHATHAM PINES CIR #100  
3.4 CITY-ST-ZIP WINTER SPRINGS, FL 32788TITLE T ☐ DELETENAME STEPHENS, DONALD  
STREET ADDRESS 4107 THATCH PALM COURT  
CITY-ST-ZIP OVIEDO FL 327654.1 TITLE T ☐ Change ☐ Addition4.2 NAME STEPHENS, DONALD  
4.3 STREET ADDRESS 4107 THATCH PALM COURT  
4.4 CITY-ST-ZIP OVIEDO, FL 32765TITLE D ☐ DELETENAME BRAUN, JOSEPH  
STREET ADDRESS 1415 CURA COURT  
CITY-ST-ZIP OVIEDO FL 327655.1 TITLE D ☐ Change ☐ Addition5.2 NAME BRAUN, JOSEPH  
5.3 STREET ADDRESS 1415 CURA COURT  
5.4 CITY-ST-ZIP OVIEDO, FL 32765TITLE D ☐ DELETENAME MCKENNA, CHARLES J JR  
STREET ADDRESS 875 EAST PALM VALLEY DRIVE  
CITY-ST-ZIP OVIEDO FL 327656.1 TITLE D ☐ Change ☐ Addition6.2 NAME MCKENNA, CHARLES J. JR  
6.3 STREET ADDRESS 875 EAST PALM VALLEY DR  
6.4 CITY-ST-ZIP OVIEDO, FL 32765

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

4-6-97

(407) 699-8765

CR2E037 (9/96)