

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 # N95000005516 (8)

1. Corporation Name

AUBURNDAL FLORIDA CHAPTER #5084 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.



Principal Place of Business

Mailing Address

**713 ROSE ST. S #18
AUBURNDAL FL 33823**

**713 ROSE ST. S #18
AUBURNDAL FL 33823**

3. Date Incorporated or Qualified
11/21/1995

3a. Date of Last Report
First Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

52-1909535

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

10. Name and Address of New Registered Agent

**MADTES, PAUL C
713 ROSE ST. S #18
AUBURNDAL FL 33823**

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 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **MADTES, PAUL C**
STREET ADDRESS **713 ROSE ST. S #18**
CITY-ST-ZIP **AUBURNDAL FL 33823**

TITLE **VPD** ☐ DELETE
NAME **DOUGLAS, MIRIAM**
STREET ADDRESS **1060 HALF ACRE RD., BOX 1011**
CITY-ST-ZIP **AUBURNDAL FL 33823**

TITLE **SD** ☐ DELETE
NAME **POFF, MARTHA**
STREET ADDRESS **515 OAKLAND**
CITY-ST-ZIP **AUBURNDAL FL 33823**

TITLE **TD** ☐ DELETE
NAME **STANLEY, ELIZABETH**
STREET ADDRESS **117 PATTERSON DRIVE**
CITY-ST-ZIP **AUBURNDAL FL 33823**

TITLE **D** ☐ DELETE
NAME **SMITH, MARY E**
STREET ADDRESS **2308 MARGUERITE DRIVE**
CITY-ST-ZIP **AUBURNDAL FL 33823**

TITLE **D** ☒ DELETE
NAME **WRIGHT, MILDRED E**
STREET ADDRESS **714 LAKE MARIANNA ROAD**
CITY-ST-ZIP **AUBURNDAL FL 33823**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☒ Addition
6.2 NAME **Blakley, Alma**
6.3 STREET ADDRESS **1060 Half Acre Rd**
6.4 CITY-ST-ZIP **Auburndale FL 33823**

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:

Paul C. Madtes

Paul C. Madtes

1/17/96

941-967-3341

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)