

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 25 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 33823713 ROSE ST. S #18
AUBURNDAL FL 33823-46783. Date Incorporated or Qualified
11/21/19953a. Date of Last Report
02/06/1996

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

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

61 Name

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

63

64 City

FL

65 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME MADTES, PAUL C
STREET ADDRESS 713 ROSE ST. S #18
CITY-ST-ZIP AUBURNDAL FL 338231.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE VPD ☒ DELETE
NAME DOUGLAS, MIRIAM
STREET ADDRESS 1060 HALF ACRE RD., BOX 1011
CITY-ST-ZIP AUBURNDAL FL 338232.1 TITLE ☒ Change ☐ Addition
2.2 NAME VPD
2.3 STREET ADDRESS Elena Stanley
2.4 CITY-ST-ZIP 117 Patterson Dr.
Auburndale Fl. 33823TITLE SD ☐ DELETE
NAME POFF, MARTHA
STREET ADDRESS 515 OAKLAND
CITY-ST-ZIP AUBURNDAL FL 338233.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE TD ☐ DELETE
NAME STANLEY, ELIZABETH
STREET ADDRESS 117 PATTERSON DRIVE
CITY-ST-ZIP AUBURNDAL FL 338234.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE D ☒ DELETE
NAME SMITH, MARY E
STREET ADDRESS 2308 MARGUERITE DRIVE
CITY-ST-ZIP AUBURNDAL FL 338235.1 TITLE ☒ Change ☐ Addition
5.2 NAME D
5.3 STREET ADDRESS Rolin Maxwell
5.4 CITY-ST-ZIP 713 Rose St. S. #101
Auburndale FL 33823TITLE D ☐ DELETE
NAME BLAKLEY, ALMA
STREET ADDRESS 1060 HALF ACRES RD.
CITY-ST-ZIP AUBURNDAL FL6.1 TITLE ☐ Change ☐ 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: Paul C Madtes

2/27/97

741
941-967-3341

CR2E037 (9/96)