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Mar 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N96000001055 (0)**

1. Corporation Name

SOUTHWEST ORLANDO CHAPTER #5103 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business	Mailing Address
11971 OTTAWA AVENUE ORLANDO FL 32837	11971 OTTAWA AVENUE ORLANDO FL 32837-7738

2. Principal Place of Business — 21 — State, Apt. #, etc. — 22 — City & State — 23 — Zip — 24 — Country — 25

2a. Mailing Address — 26 — Suite, Apt. #, etc. — 27 — City & State — 28 — Zip — 29 — Country — 30

3. Date Incorporated or Qualified: 02/27/1996

3a. Date of Last Report:

4. FEI Number: 52-1930318 ☐ 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**

ANDERSEN, DOROTHY A
11971 OTTAWA AVENUE
ORLANDO FL 32837

10. **Name and Address of New Registered Agent**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	ANDERSEN, DOROTHY A	12 NAME	
STREET ADDRESS	11971 OTTAWA AVENUE	13 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32837	14 CITY-ST-ZIP	
TITLE	VPD ☐ DELETE	21 TITLE	VPD ☒ Change ☐ Addition
NAME	PHLEGAR, EMORY E	22 NAME	THOMPSON, TOMMIE F.
STREET ADDRESS	13443 HERON COVE DRIVE	23 STREET ADDRESS	1849 South Kirkman Road Apt. #1118
CITY-ST-ZIP	OLANDO FL 32837	24 CITY-ST-ZIP	Orlando, FL. 32811
TITLE	SD ☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	WASSUM, TONI L	32 NAME	
STREET ADDRESS	6516 DATURA AVENUE	33 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32809	34 CITY-ST-ZIP	
TITLE	TD ☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	CHAPMAN, CHARLES W JR.	42 NAME	
STREET ADDRESS	13416 BELOIT WOODS LANE	43 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32824-9410	44 CITY-ST-ZIP	
TITLE	D ☐ DELETE	51 TITLE	D ☒ Change ☐ Addition
NAME	LAMPPIN, GERDA O	52 NAME	Molina, Eva Carmen
STREET ADDRESS	2004 BRENHAM COURT	53 STREET ADDRESS	1633 BROOK HOLLOW DRIVE
CITY-ST-ZIP	ORLANDO FL 32837	54 CITY-ST-ZIP	ORLANDO, FL 32824
TITLE	D ☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME	ANDERSEN, RUSSELL A JR.	62 NAME	
STREET ADDRESS	11971 OTTAWA AVENUE	63 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32837	64 CITY-ST-ZIP	

CR2E037 (9/96)

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: Dorothy A. Andersen DOROTHY A. ANDERSEN 3/7/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

Document # 0017852