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May 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000002212 (5)**

1. Corporation Name

**TEMPLE TERRACE CHAPTER #5194 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.**

Principal Place of Business

Mailing Address

**5915 JENNY DRIVE  
TAMPA FL 33617**

**5915 JENNY DRIVE  
TAMPA FL 33617**

3. Date Incorporated or Qualified

**04/18/1997**

4. FEI Number

Applied For

☒ Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21 6201 TANAGE PL**

**26 6201 TANGER PL**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**23 TEMPLE TERRACE, FL**

**28 TEMPLE TERRACE FL**

Zip

Country

Zip

Country

**24 33617**

**25 U.S.A**

**29 33617**

**30 U.S.A**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CASTO, LUCY  
5915 JENNY DRIVE  
TAMPA FL 33617**

**81 Name ROBERT MARQUETTE**

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

**6201 TANGER PL**

**83**

**84 City**

**TEMPLE TERRACE FL**

**85 Zip Code**

**33617**

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

*Robert Marquette*

**ROBERT MARQUETTE**

**APRIL 24, 1998**

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 **CASTRO, LUCY**  
STREET ADDRESS **5915 JENNY DRIVE**  
CITY-ST-ZIP **TAMPA FL 33617**

TITLE **VD** ☐ DELETE  
NAME **FULLER, FRED**  
STREET ADDRESS **507 BON AIR AVENUE**  
CITY-ST-ZIP **TEMPLE TERRACE FL 33617**

TITLE **SD** ☒ DELETE  
NAME **QUATROCHE, BARBARA**  
STREET ADDRESS **14100 N 46TH ST, A101**  
CITY-ST-ZIP **TAMPA FL 33613**

TITLE **TD** ☐ DELETE  
NAME **MARQUETTE, BOB**  
STREET ADDRESS **6201 TANGER PLACE**  
CITY-ST-ZIP **TEMPLE TERRACE FL 33617**

TITLE **D** ☒ DELETE  
NAME **AVILES, LUZ**  
STREET ADDRESS **10008 HARTTS DRIVE**  
CITY-ST-ZIP **TEMPLE TERRACE FL 33617**

TITLE **D** ☐ DELETE  
NAME **EASLER, JOSEPHINE**  
STREET ADDRESS **402 S. RIVERHILLS**  
CITY-ST-ZIP **TEMPLE TERRACE FL 33617**

1.1 TITLE **PD** ☒ Change ☐ Addition  
1.2 NAME **GEORGE CLARKE**  
1.3 STREET ADDRESS **5206 E 127TH AVE**  
1.4 CITY-ST-ZIP **TAMPA, FL 33617**

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

3.1 TITLE **SD** ☒ Change ☐ Addition  
3.2 NAME **LOUISE CLARKE**  
3.3 STREET ADDRESS **5206 E 127TH AVE**  
3.4 CITY-ST-ZIP **TAMPA, FL 33617**

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

5.1 TITLE **D** ☒ Change ☐ Addition  
5.2 NAME **PHYLLIS FULLER**  
5.3 STREET ADDRESS **507 BON AIR AVE**  
5.4 CITY-ST-ZIP **TEMPLE TERRACE FL 33617**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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: *Robert Marquette* **ROBERT MARQUETTE** **APRIL 24, 1998** **813 988-5637**

CR2037 (1097)