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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **N31610** (1)

1. Corporation Name

**OAK RUN-OCALA CHAPTER #4374 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.**

500001483635  
-05/11/95--01016--001  
\*\*\*9038.75 \*\*\*130.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>04/10/1989</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>94-3069719</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Principal Place of Business		Mailing Address	
8777 SW 116TH PLACE RD OCALA FL 34481-3504		8777 SW 116TH PLACE RD OCALA FL 34481-3504	
21. Principal Place of Business	2a. Mailing Address	22. Principal Place of Business	2b. Mailing Address
8987 SW 108 PL	8987 SW 108 PL	OCALA, FLA 34481	OCALA, FLA
23. City & State	24. Zip	25. Country	26. Zip
OCALA, FLA	34481	USA	USA

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MULLER, WILLIAM "BILL" A 8777 SW 116TH PLACE RD OCALA FL 34481		81 Name <b>GRACE P. MALFA</b>	82 Street Address (P.O. Box Number is Not Acceptable) <b>8987 SW 108 PL</b>
		83	84 City <b>OCALA</b>
		85 Zip Code <b>FL 34481</b>	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Grace P. Malfa GRACE P. MALFA March 3, 1995  
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 D NAME MULLER, WILLIAM "BILL" A STREET ADDRESS 8777 SW 116TH PLACE RD CITY - ST - ZIP OCALA FL 34481-3504	TITLE PD NAME GRACE P. MALFA STREET ADDRESS 8987 SW 108 PL CITY - ST - ZIP OCALA, FLA 34481	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME HERNDL, JACQUELINE STREET ADDRESS 8386 S. W. 108TH PLACE CITY - ST - ZIP OCALA FL 34481	TITLE SD NAME GLORIA DEYER STREET ADDRESS 10852 SW 87 TER. CITY - ST - ZIP OCALA, FLA 34481	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME BRUNO, ANTHONY "TONY" STREET ADDRESS 8371 S. W. 108TH PLACE CITY - ST - ZIP OCALA FL 34481	TITLE 31 NAME 32 STREET ADDRESS 33 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME MALFA, GRACE STREET ADDRESS 8987 SW 108TH PLACE CITY - ST - ZIP OCALA FL 34481	TITLE TD NAME DORIS MCCONNELL STREET ADDRESS 8650 SW 108 LANE RD CITY - ST - ZIP OCALA, FLA 34481	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME LEKITES, DAVID STREET ADDRESS 10914 SW 88TH AVENUE CITY - ST - ZIP OCALA FL 34481	TITLE 51 NAME 52 STREET ADDRESS 53 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME VROOMBOUT, LEO STREET ADDRESS 8483 SW 109TH PLACE CITY - ST - ZIP OCALA FL 34481	TITLE 61 NAME 62 STREET ADDRESS 63 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 110.07(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: GRACE P. MALFA Grace P. Malfa March 3, 1995 (904) 654-6074  
Signature typed or printed name of signing officer or director Date Telephone Number