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Mar 04 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 # N31610 (1)

1. Corporation Name

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



Principal Place of Business

Mailing Address

8987 SW 108 PL
OCALA FL 34481

8987 SW 108 PL
OCALA FL 34481-5334

3. Date Incorporated or Qualified
04/10/1989

3a. Date of Last Report
02/26/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

4. FEI Number
94-3069719

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

MALFA, GRACE P
8987 SW 108 PL
OCALA FL 34481

81 Name MALFA, GRACE P.
82 Street Address (P.O. Box Number is Not Acceptable)
8987 SW 108 PL
83
84 City OCALA FL 85 Zip Code 34481

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 GRACE P. MALFA PRESIDENT Grace P. Malfa

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 MALFA, GRACE P
STREET ADDRESS 8987 SW 108 PL
CITY-ST-ZIP OCALA FL 34481

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

TITLE SD DELETE
NAME DEVER, GLORIA
STREET ADDRESS 10852 SW 87 TER
CITY-ST-ZIP OCALA FL 34481

2.1 TITLE SECRETARY Change Addition
2.2 NAME AHERN, WILLA
2.3 STREET ADDRESS 8988 SW 109 LANE
2.4 CITY-ST-ZIP OCALA, FLA. 34481

TITLE D DELETE
NAME BRUNO, ANTHONY 'TONY'
STREET ADDRESS 8371 S. W. 108TH PLACE
CITY-ST-ZIP OCALA FL 34481

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

TITLE TD DELETE
NAME MCCONNELL, DORIS
STREET ADDRESS 8650 SW 108 LANE RD
CITY-ST-ZIP OCALA FL 34481

4.1 TITLE TREASURER Change Addition
4.2 NAME VROOMBOUT, LEO
4.3 STREET ADDRESS 8463 SW 109 PL.
4.4 CITY-ST-ZIP OCALA, FLA 34481

TITLE VD DELETE
NAME LEKITES, DAVID
STREET ADDRESS 10914 SW 86TH AVENUE
CITY-ST-ZIP OCALA FL 34481

5.1 TITLE VICE PRESIDENT Change Addition
5.2 NAME PRESCOTT, DON
5.3 STREET ADDRESS 8186 SW 108 ST.
5.4 CITY-ST-ZIP OCALA, FLA. 34481

TITLE VD DELETE
NAME VROOMBOUT, LEO
STREET ADDRESS 8463 SW 109TH PLACE
CITY-ST-ZIP OCALA FL 34481

6.1 TITLE VICE PRESIDENT Change Addition
6.2 NAME MULLER, WILLIAM
6.3 STREET ADDRESS 8777 SW 116 PL. RD.
6.4 CITY-ST-ZIP OCALA, FLA 34481

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: GRACE P. MALFA PRESIDENT Grace P. Malfa 3/1/97 352-854-6074

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 352-854-6074

CR2E037 (9/96)