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Mar 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N31610 (1)
1. Corporation Name
OAK RUN-OCALA CHAPTER #4374 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.



Principal Place of Business 8987 SW 108 PL OCALA FL 34481	Mailing Address 8987 SW 108 PL OCALA FL 34481
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3. Date Incorporated or Qualified 04/10/1989		
4. FEI Number 94-3069719	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**MALFA, GRACE P
8987 SW 108TH PL
OCALA FL 34481**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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* DATE *March 26, 1998*

Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MALFA, GRACE P	
STREET ADDRESS	8987 SW 108 PL	
CITY-ST-ZIP	OCALA FL 34481	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	AHERN, WILLA	
STREET ADDRESS	8988 SW 109TH LANE	
CITY-ST-ZIP	OCALA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRUNO, ANTHONY "TONY"	
STREET ADDRESS	8371 S. W. 108TH PLACE	
CITY-ST-ZIP	OCALA FL 34481	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	VROOMBOUT, LEO	
STREET ADDRESS	8463 SW 109TH PL	
CITY-ST-ZIP	OCALA FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	PRESCOTT, DON	
STREET ADDRESS	8188 SW 108TH ST	
CITY-ST-ZIP	OCALA FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MULLER, WILLIAM	
STREET ADDRESS	8777 SW 116TH PL RD	
CITY-ST-ZIP	OCALA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RUTH CLARK	
2.3 STREET ADDRESS	8449 SW 108 PL	
2.4 CITY-ST-ZIP	OCALA, FLA. 34481	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SUSAN PIZZIMENTI	
4.3 STREET ADDRESS	9072 SW 109 LANE	
4.4 CITY-ST-ZIP	OCALA, FLA. 34481	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: *GRACE P. MALFA* *Grace P. Malfa 3/26/98 352-854-6074*

CR2E037 (10/97)