


FILE NOW: FILING FEE IS \$61.25

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Mar 30 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 # N31610 (1)**  
1. Corporation Name  
**OAK RUN-OCALA CHAPTER #4374 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.**



Principal Place of Business <b>8987 SW 108 PL OCALA FL 34481</b>	Mailing Address <b>8987 SW 108 PL OCALA FL 34481</b>
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3. Date Incorporated or Qualified <b>04/10/1989</b>		
4. FEI Number <b>94-3069719</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	MALFA, GRACE P	1.2 NAME	
STREET ADDRESS	8987 SW 108 PL	1.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34481	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	SECRETARY
NAME	AHERN, WILLA	2.2 NAME	RUTH CLARK
STREET ADDRESS	8988 SW 109TH LANE	2.3 STREET ADDRESS	8449 SW 108 PL
CITY-ST-ZIP	OCALA FL	2.4 CITY-ST-ZIP	OCALA, FLA. 34481
TITLE	D	3.1 TITLE	
NAME	BRUNO, ANTHONY "TONY"	3.2 NAME	
STREET ADDRESS	8371 S. W. 108TH PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34481	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	TREASURER
NAME	VROOMBOUT, LEO	4.2 NAME	SUSAN PIZZIMENTI
STREET ADDRESS	8463 SW 109TH PL	4.3 STREET ADDRESS	9072 SW 109 LANE
CITY-ST-ZIP	OCALA FL	4.4 CITY-ST-ZIP	OCALA, FLA. 34481
TITLE	VP	5.1 TITLE	
NAME	PRESCOTT, DON	5.2 NAME	
STREET ADDRESS	8188 SW 108TH ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	5.4 CITY-ST-ZIP	
TITLE	VP	6.1 TITLE	DIRECTOR
NAME	MULLER, WILLIAM	6.2 NAME	
STREET ADDRESS	8777 SW 116TH PL RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	6.4 CITY-ST-ZIP	

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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)