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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N31610

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

04/10/1989

22 City & State

27 City & State

4. FEI Number  
94-3069719

Applied For  
Not Applicable

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

24

25

29

30

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

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

83

84 City

FL

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

4/2/99

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

DELETE

1.1 TITLE DIRECTOR  
1.2 NAME JOHN WEISS  
1.3 STREET ADDRESS 8006 SW 115 LOOP  
1.4 CITY-ST-ZIP Ocala, FLA 34481

Change  Addition

TITLE S  
NAME CLARK, RUTH  
STREET ADDRESS 8449 SW 108 PL  
CITY-ST-ZIP Ocala FL 34481

DELETE

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

Change  Addition

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

DELETE

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

Change  Addition

TITLE T  
NAME PIZZIMENTI, SUSAN  
STREET ADDRESS 9072 SW 109 LANE  
CITY-ST-ZIP Ocala FL 34481

DELETE

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

Change  Addition

TITLE VP  
NAME PRESCOTT, DON  
STREET ADDRESS 8186 SW 108TH ST  
CITY-ST-ZIP Ocala FL

DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Change  Addition

TITLE D  
NAME MULLER, WILLIAM  
STREET ADDRESS 8777 SW 116TH PL RD  
CITY-ST-ZIP Ocala FL

DELETE

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

Change  Addition

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, with all other like empowered.

SIGNATURE: GRACE P. MALFA 4/2/99 352-854-6074

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037\_(1/198)

0076194