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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 712676 (6)

**1. Corporation Name
GREATER OCALA CHAPTER #471 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.**

**200001477882
-05/05/95--01117--018
****150.00 ****150.00
DO NOT WRITE IN THIS SPACE**

**Principal Place of Business Mailing Address
4955 SE 148TH PLACE SUMMERFIELD FL 34491-4059 US
4955 SE 148TH PLACE SUMMERFIELD FL 34491-4059 US**

**3. Date Incorporated or Qualified 05/03/1967
3a. Date of Last Report 05/01/1994
4. FEI Number 59-6209756
Applied For Not Applicable**

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

**5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No**

**9. Name and Address of Current Registered Agent
LIPPINCOTT, DON
4955 SE 148TH PLACE
SUMMERFIELD FL 34491-4059**

**10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 Zip Code**

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 Signature (typed or printed name of registered agent and title if applicable) (NOT Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	EDWARDS, ERNEST
STREET ADDRESS	2649 S.W. BROADWAY ST.
CITY ST ZIP	OCALA FL
TITLE	TD
NAME	BECKERDITE, ROSE
STREET ADDRESS	1540 N.E. 17TH CT.
CITY ST ZIP	OCALA FL
TITLE	VD
NAME	SUTTON, PEGGY
STREET ADDRESS	921 N.E. 17TH ST.
CITY ST ZIP	OCALA FL
TITLE	D
NAME	LIPPINCOTT, DON
STREET ADDRESS	4955 S.E. 148TH PLACE
CITY ST ZIP	SUMMERFIELD FL
TITLE	D
NAME	ROMINE, HELEN
STREET ADDRESS	1311 NW 35TH ST. LOT 18
CITY ST ZIP	OCALA FL
TITLE	S
NAME	ROMINE, TOM
STREET ADDRESS	1311 NW 35TH ST.
CITY ST ZIP	OCALA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	EDWARDS, ERNEST	
13 STREET ADDRESS	2649 S.W. BROADWAY ST	
14 CITY ST ZIP	OCALA FL	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY ST ZIP		
31 TITLE	P.O	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	SUTTON, PEGGY	
33 STREET ADDRESS	921 N.E. 17TH ST.	
34 CITY ST ZIP	OCALA FL	
41 TITLE	V.O	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	LIPPINCOTT, DON	
43 STREET ADDRESS	4955 SE 148 PL	
44 CITY ST ZIP	SUMMERFIELD FL	
51 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	KLINGEL, KAY	
53 STREET ADDRESS	10873 SW 150TH PL	
54 CITY ST ZIP	DUNNELLON FL	
61 TITLE	S.D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	SEIBER, FRANK	
63 STREET ADDRESS	6860 N.W. 60th Rd.	
64 CITY ST ZIP	OCALA FL	

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: Don Lippincott
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DON LIPPINCOTT**

**4-10-95
904 245-0068
Date**