

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 712676 (6)

1. Corporation Name

GREATER OCALA CHAPTER #471 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.



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
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-6209756

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

LIPPINCOTT, DON
4955 SE 148TH PLACE
SUMMERFIELD FL 34491-4059

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

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 D
NAME EDWARDS, ERNEST
STREET ADDRESS 2649 S.W. BROADWAY ST.
CITY-STATE-ZIP Ocala FL ☐ DELETE

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

TITLE TD
NAME BECERDITE, ROSE
STREET ADDRESS 1540 N.E. 17TH CT.
CITY-STATE-ZIP Ocala FL ☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE PD
NAME SUTTON, PEGGY
STREET ADDRESS 921 N.E. 17TH ST.
CITY-STATE-ZIP Ocala FL ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP ☒ Change ☐ Addition

TITLE VD
NAME LIPPINCOTT, DON
STREET ADDRESS 4955 S.E. 148TH PLACE
CITY-STATE-ZIP SUMMERFIELD FL ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP ☒ Change ☐ Addition

TITLE D
NAME KLINGEL, KAY
STREET ADDRESS 10873 SW 152ND PL.
CITY-STATE-ZIP DUNNELLON FL ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE SD
NAME SEISER, FRAN
STREET ADDRESS 6860 NW 62ND ST.
CITY-STATE-ZIP Ocala FL ☒ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP ☐ Change ☒ Addition

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 119.07(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 Don Lippincott

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 17, 1996 352-245-0068

Date

Daytime Phone #

CR2E037 (12/95)