

**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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 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**  DELETE  
NAME **EDWARDS, ERNEST**  
STREET ADDRESS **2649 S.W. BROADWAY ST.**  
CITY-ST-ZIP **OCALA FL**

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

TITLE **TD**  DELETE  
NAME **BECERDITE, ROSE**  
STREET ADDRESS **1540 N.E. 17TH CT.**  
CITY-ST-ZIP **OCALA FL**

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

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

3.1 TITLE  Change  Addition  
3.2 NAME **D. SUTTON PEGGY**  
3.3 STREET ADDRESS **921 NE 17th ST**  
3.4 CITY-ST-ZIP **OCALA FL**

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

4.1 TITLE  Change  Addition  
4.2 NAME **P D LIPPINCOTT DON**  
4.3 STREET ADDRESS **4955 SE 148 PL**  
4.4 CITY-ST-ZIP **SUMMERFIELD FL**

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

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

TITLE **SD**  DELETE  
NAME **SEISER, FRAN**  
STREET ADDRESS **6860 NW 62ND ST.**  
CITY-ST-ZIP **OCALA FL**

6.1 TITLE  Change  Addition  
6.2 NAME **S D ROMINE HELEN**  
6.3 STREET ADDRESS **1311 N.W 35th ST LOT #18**  
6.4 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 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 Day/Time Phone #

CR2E037 (12/95)