

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995		 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 95 APR -3 PM 6:02	
DOCUMENT # N31459 (3) 1. Corporation Name MID FLORIDA LAKES-LEESBURG CHAPTER #4329 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.				
Principal Place of Business 119 S. LAKE DRIVE LEESBURG FL 34788 US		Mailing Address 119 S. LAKE DRIVE LEESBURG FL 34788 US		
DO NOT WRITE IN THIS SPACE				
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		3a. Date of Last Report 05/01/1994 3. Date Incorporated or Qualified 03/31/1989 4. FEI Number 94-3068243 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 BUTLER, GIB 119 S LAKE DRIVE LEESBURG FL 34788		10. Name and Address of New Registered Agent 81 Name S.M.G. 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 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 <u>GIBSON BUTLER</u> <u><i>Gibson Butler</i></u> <u>3/29/95</u> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering) DATE				
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PO BUTLER, GIB 119 S LAKE DR LEESBURG FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ELLECK, HELEN 178 MILLWOOD ROAD LEESBURG FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SCHULER, ELEANOR 142 PINE TREE DRIVE LEESBURG FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD WHITE, LUCIA G 117 W STERLING WAY LEESBURG FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCHNITZ, ROBERT 112 CAMELIA DRIVE LEESBURG FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PERRY, LARRY 122 W. STERLING WAY MFL LEESBURG FL	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - 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 19.07(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: <u>LUCIA G. WHITE</u> <u>LUCIA G. WHITE</u> <u>3/29/95</u> <u>904589-8318</u> Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Filing Fee \$				