

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

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



3. Date Incorporated or Qualified  
03/31/1989

3a. Date of Last Report  
04/03/1995

2. Principal Place of Business

2a. Mailing Address

21 176 Millwood Rd.

26 176 Millwood Rd.

4. FEI Number  
94-3068243

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

City & State

City & State

23 Leesburg, FL

28 Leesburg, FL

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24 34788

25 Lake

29 34788

30 Lake

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

BUTLER, GIB  
119 S LAKE DRIVE  
LEESBURG FL 34788

81 Name

Helen Elleck

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

176 Millwood Road

83

84 City

Leesburg

FL

85 Zip Code  
34788

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

*Helen Elleck*

(NOTE: Registered Agent signature required when reinstating)

DATE

4/22/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE

NAME BUTLER, GIB  
STREET ADDRESS 119 S LAKE DR  
CITY-ST-ZIP LEESBURG FL

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME ELLECK, HELEN  
1.3 STREET ADDRESS 176 Millwood Road  
1.4 CITY-ST-ZIP Leesburg, FL 34788

TITLE VD ☒ DELETE

NAME ELLECK, HELEN  
STREET ADDRESS 176 MILLWOOD ROAD  
CITY-ST-ZIP LEESBURG FL

2.1 TITLE VS ☒ Change ☐ Addition

2.2 NAME ELSIE WESTERMAN  
2.3 STREET ADDRESS 138 Camellia Drive  
2.4 CITY-ST-ZIP Leesburg, FL 34788

TITLE SD ☒ DELETE

NAME SCHULER, ELEANOR  
STREET ADDRESS 142 PINE TREE DRIVE  
CITY-ST-ZIP LEESBURG FL

3.1 TITLE SD ☒ Change ☐ Addition

3.2 NAME LUCIA G. WHITE  
3.3 STREET ADDRESS 117 West Sterling Way  
3.4 CITY-ST-ZIP Leesburg, FL 34788

TITLE TD ☒ DELETE

NAME WHITE, LUCIA G  
STREET ADDRESS 117 W STERLING WAY  
CITY-ST-ZIP LEESBURG FL

4.1 TITLE TD ☒ Change ☐ Addition

4.2 NAME MILDRED McGUFFIN  
4.3 STREET ADDRESS 147 West Sterling Way  
4.4 CITY-ST-ZIP Leesburg, FL 34788

TITLE D ☐ DELETE

NAME SCHNITZ, ROBERT  
STREET ADDRESS 112 CAMELIA DRIVE  
CITY-ST-ZIP LEESBURG FL

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME PERRY, LARRY  
STREET ADDRESS 122 W. STERLING WAY  
CITY-ST-ZIP MFL LEESBURG FL

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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:

*Mildred McGuffin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/22/96

Daytime Phone #

352-483-3531

CR2E037 (12/95)