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May 14 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

176 MILLWOOD RD.
LEESBURG FL 34788
US

Mailing Address

176 MILLWOOD RD.
LEESBURG FL 34788-2668
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 112 Camelia Drive

27 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified
03/31/1989

3a. Date of Last Report
04/29/1996

4. FEI Number
94-3068243

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

HELEN ELLECK
176 MILLWOOD ROAD
LEESBURG FL 34788

10. Name and Address of New Registered Agent

81 Name

Robert Schnitz

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

112 Camelia Drive

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 X Robert Schnitz

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Robert Schnitz 4/26/97

12. OFFICERS AND DIRECTORS

TITLE PD ELLECK, HELEN X DELETE

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

TITLE VS WESTERMAN, ELSIE X DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
138 CAMELLIA DRIVE
LEESBURG FL

TITLE SD WHITE, LUCIA G. X DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
117 W. STERLING WAY
LEESBURG FL

TITLE TD MCGUFFIN, MILDRED X DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
147 W. STERLING WAY
LEESBURG FL

TITLE D SCHNITZ, ROBERT X DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
112 CAMELLIA DRIVE
LEESBURG FL

TITLE D PERRY, LARRY X DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD Schnitz, Robert X Change X Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
112 Camelia Drive
Leesburg, FL 34788

2.1 TITLE X Change X Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE X Change X Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE X Change X Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE D Helen Elleck X Change X Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
176 Millwood Rd.
Leesburg, FL 34788

6.1 TITLE X Change X 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E037 (9/96)