

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 # N31610 (1)

1. Corporation Name

OAK RUN-OCALA CHAPTER #4374 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.



Principal Place of Business

Mailing Address

8987 SW 108 PL
OCALA FL 34481

8987 SW 108 PL
OCALA FL 34481

3. Date Incorporated or Qualified
04/10/1989

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 8987 SW 108 PL

26 8987 SW 108 PL

4. FEI Number
94-3069719

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired \$8.75 Additional Fee Required

City & State

City & State

23 Ocala, Florida

28 Ocala, Fla.

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

Zip

Country USA

Zip

Country USA

24 34481

25 ~~MALFA~~

29 34481

30 ~~MALFA~~

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

MALFA, GRACE P
8987 SW 108 PL
OCALA FL 34481

81 Name GRACE P. MALFA
82 Street Address (P.O. Box Number is Not Acceptable) 8987 SW 108 PL
83
84 City Ocala FL 85 Zip Code 34481

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	PD	<input type="checkbox"/> DELETE
NAME	MALFA, GRACE P	
STREET ADDRESS	8987 SW 108 PL	
CITY-ST-ZIP	OCALA FL 34481	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DEVER, GLORIA	
STREET ADDRESS	10852 SW 87 TER	
CITY-ST-ZIP	OCALA FL 34481	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRUNO, ANTHONY "TONY"	
STREET ADDRESS	8371 S. W. 108TH PLACE	
CITY-ST-ZIP	OCALA FL 34481	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MCCONNELL, DORIS	
STREET ADDRESS	8650 SW 108 LANE RD	
CITY-ST-ZIP	OCALA FL 34481	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LEKITES, DAVID	
STREET ADDRESS	10914 SW 86TH AVENUE	
CITY-ST-ZIP	OCALA FL 34481	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	VROOMBOUT, LEO	
STREET ADDRESS	8463 SW 109TH PLACE	
CITY-ST-ZIP	OCALA FL 34481	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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: Grace P. Malfa

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 20, 1996 352-854-6074

DATE

Daytime Phone #

CR2E037 (12/95)