

# 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

8987 SW 108 PL  
OCALA FL 34481

Mailing Address

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  
City & State  
**OCALA, FLORIDA**

27  
City & State  
**OCALA, FLA.**

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

23 Zip Country **USA**  
**34481**

28 Zip Country **USA**  
**34481**

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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)