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Mar 04 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 34481-53343. Date Incorporated or Qualified
04/10/19893a. Date of Last Report
02/26/1996

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

94-3069719

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. 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

MALFA, GRACE P.

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

GRACE P. MALFA PRESIDENT Grace P. Malfa

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
NAME MALFA, GRACE P
STREET ADDRESS 8987 SW 108 PL
CITY-ST-ZIP Ocala FL 34481☐ DELETE1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE SD
NAME DEVER, GLORIA
STREET ADDRESS 10852 SW 87 TER
CITY-ST-ZIP Ocala FL 34481☐ DELETE2.1 TITLE SECRETARY
2.2 NAME AHERN, WILLA
2.3 STREET ADDRESS 8988 SW 109 LANE
2.4 CITY-ST-ZIP Ocala, FLA. 34481☒ Change ☐ AdditionTITLE D
NAME BRUNO, ANTHONY "TONY"
STREET ADDRESS 8371 S. W. 108TH PLACE
CITY-ST-ZIP Ocala FL 34481☐ DELETE3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE TD
NAME MCCONNELL, DORIS
STREET ADDRESS 8650 SW 108 LANE RD
CITY-ST-ZIP Ocala FL 34481☐ DELETE4.1 TITLE TREASURER
4.2 NAME VROOMBOUT, LEO
4.3 STREET ADDRESS 8463 SW 109 PL.
4.4 CITY-ST-ZIP Ocala, FLA 34481☒ Change ☐ AdditionTITLE VD
NAME LEKITES, DAVID
STREET ADDRESS 10914 SW 86TH AVENUE
CITY-ST-ZIP Ocala FL 34481☐ DELETE5.1 TITLE VICE PRESIDENT
5.2 NAME PRESCOTT, DON
5.3 STREET ADDRESS 8186 SW 108 ST.
5.4 CITY-ST-ZIP Ocala, FLA. 34481☒ Change ☐ AdditionTITLE VD
NAME VROOMBOUT, LEO
STREET ADDRESS 8463 SW 109TH PLACE
CITY-ST-ZIP Ocala FL 34481☐ DELETE6.1 TITLE VICE PRESIDENT
6.2 NAME MULLER, WILLIAM
6.3 STREET ADDRESS 8777 SW 116 PL. RD.
6.4 CITY-ST-ZIP Ocala, FLA 34481☒ Change ☐ Addition

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.

SIGNATURE: Grace P. Malfa 3/1/97 352-854-6074

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 352-854-6074

CR2E037 (9/96)