

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 06, 1999 8:00 am
Secretary of State

04-06-1999 90005 009 ****61.25

DOCUMENT # N31610

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



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

3. Date Incorporated or Qualified

04/10/1989

4. FEI Number

94-3069719

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

9. Name and Address of Current Registered Agent

MALFA, GRACE P
8987 SW 108TH PL
OCALA FL 34481

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

4/2/99

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 PD
NAME MALFA, GRACE P
STREET ADDRESS 8987 SW 108 PL
CITY-ST-ZIP Ocala FL 34481

TITLE S
NAME CLARK, RUTH
STREET ADDRESS 8449 SW 108 PL
CITY-ST-ZIP Ocala FL 34481

TITLE D
NAME BRUNO, ANTHONY "TONY"
STREET ADDRESS 8371 S. W. 108TH PLACE
CITY-ST-ZIP Ocala FL 34481

TITLE T
NAME PIZZIMENTI, SUSAN
STREET ADDRESS 9072 SW 109 LANE
CITY-ST-ZIP Ocala FL 34481

TITLE VP
NAME PRESCOTT, DON
STREET ADDRESS 8186 SW 108TH ST
CITY-ST-ZIP Ocala FL

TITLE D
NAME MULLER, WILLIAM
STREET ADDRESS 8777 SW 116TH PL RD
CITY-ST-ZIP Ocala FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

DIRECTOR
JOHN WEISS
8006 SW 115 LOOP
OCALA, FLA 34481

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

14. I 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, with all other like empowered.

SIGNATURE: GRACE P. MALFA 4/2/99 352-854-6074

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)