

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 08, 2003 8:00 am
Secretary of State

09-08-2003 90312 005 ****61.25

0015895

DOCUMENT # N31610

1. Entity Name

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



Principal Place of Business

**8371 S.W. 109 STREET
OCALA FL 34481**

Mailing Address

**8371 S.W. 109 STREET
OCALA FL 34481**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **94-3069719**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GROSSMAN, IRVING E
8371 S.W. 109 STREET
OCALA FL 34481**

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	GROSSMAN, IRVING E	
STREET ADDRESS	8371 S.W. 109 STREET	
CITY-ST-ZIP	OCALA FL 34481	
TITLE	S	<input type="checkbox"/> Delete
NAME	CLARK, RUTH	
STREET ADDRESS	8449 SW 108 PL	
CITY-ST-ZIP	OCALA FL 34481	
TITLE	D	<input type="checkbox"/> Delete
NAME	GROSSMAN, MIRIAM	
STREET ADDRESS	8371 S.W. 109 STREET	
CITY-ST-ZIP	OCALA FL 34481	
TITLE	T	<input type="checkbox"/> Delete
NAME	SENKO, ERIKA	
STREET ADDRESS	8929 S.W. 115 STREET	
CITY-ST-ZIP	OCALA FL 34481	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MALFA, GRACE	
STREET ADDRESS	8987 S.W. 108 PLACE	
CITY-ST-ZIP	OCALA FL 34481	
TITLE	D	<input type="checkbox"/> Delete
NAME	FERON, ROSEMARY	
STREET ADDRESS	8642 S.W. 108 PLACE	
CITY-ST-ZIP	OCALA FL 34481	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED (ERIKA SENKO) 9-4-03 352-237-8417

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deputy Phone #

CR2E037 (4/03)