FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

1. Corporation Name

N33166

(2)

ORANGE BLOSSOM-LADY LAKE CHAPTER #4432 OF AMERIC AN ASSOCIATION OF RETIRED PERSONS, INC.

incipal Place of Business Mailing Address				
				C/O MORELOCK. HELEN. G
527 RAINBOW BLVD LADY LAKE FL 32159	527 RAINBOW BLVD LADY LAKE FL 32159		3. Date Incorporated or Qualified	3a. Date of Last Report
US	US		07/20/1989	03/06/1995
. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
C/O LYNN, C GOROLN	26 C/O LYNN	C. GORECH	94-3085220	Not Applicable
Suite, Apt. #, etc.	Cuito Act # etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required
509 ALAMELA HUE	27 500 Later to	poet 14 coloreday in	6. Election Campaign Financing	\$5.00 May Be
City & State	City 8 State 28 LAOY LAM	r FL	Trust Fund Contribution	Added to Fees
<u> </u>	28 L/10 L/170	Country	8. This corporation has liability for inta	angible tax under s. 199.032,
25 USA 25 USA	29 32159 30	USA	rionga statutes	Yes No
9. Name and Address of Current	Registered Agent		10. Name and Address of New Reg	Istered Agent
		B1 Name L	YNN, C. GOROON	
MORELOCK, HELEN G		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
527 RAINBOW BLVD		83	509 ALAMPOA AUE	
LADY LAKE FL 32159			LADY LAKE	as Zio Code
		84 City		FL 85 Zip Code
10-1-017.0503	and 617 1508. Florida Statutes, th	ne above named corpo	ration submits this statement for the purpo	ose of changing its registered office
Pursuant to the provisions of Sections 617.0502 or registered agent, or both, in the State of Florid the second the adjunctions of Sections	la. Such change was authorized b	y the corporation's too	and of directors. I hereby accept the appoin	ntment as registered agent. Lam
familiar with, and accept the congulations of, seek	on 617.0503, Florida Statutes.	MHI Z		4/18/96
IGNATURE C. GORDON LYNN Signature, typed or printed name of registered agent.	and title if applicable (NOTE Ri	egisterud Agent signafüre reijuir	ad when reinstating)	DATE STORY AND ENDING TO TO THE 1/4
2. OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	Change Addition
TLE P	DELETE		YNN, C GORDON	
AME MORELOCK, HELEN G			SO9 LANDLAKE ALAMI	FUN AUC, LANY LAKA
STREET ADDRESS 527 RAINBOW BLVD.				•
CITY-ST-ZIP LADY LAKE FL	⊠ DEL€TE	1.4 CITY - ST - ZIP 2.1 TITLE	PLOCISA 32159	Change Addition
DITLE VP	Deteir		ROBFER BALFOUR	
NAME MARGARET T. GRAY		2 3 STREET ADDRESS	213 ARAGON LANE	
STREET ADDRESS 535 ST. ANDREW BLVD.		2 4 CITY-ST-ZIP	LADY RAKE FL 32159	
CITY-ST-ZIP LADY LAKE FL	DELETE	31 TUTLE	SEC	☐ Change ☐ Addition
TITLE D NAME HUSTON, WILBER B	V-9	32 NAME :	M MARYANN OLUND	
ATAN LALINEN LANE		3.3 STREET ADDRESS	1219 & SCHWARE BLUD	
STREET ADDRESS 1730 LAUREN LANE CITY-ST-ZIP LADY LAKE FL		3 4. CITY - ST - ZIP	LADY LARY, FL 3215	Change Addition
TITLE T	₩ DELETE	■ 41 TITLE 1 **	TREAS	Change 💆 Addition
NAME C. GORDON LYNN		4. 2 NAME	RAMONA LAMB	
STREET ADDRESS 509 ALAMEDA AVE			1616 KILEY COURT	
CITY-ST-ZIP LADY LAKE FL		1,7,5,7, 4,	LANY LAKE FLORING 32159	Change Addition
TITLE D	DELETE	5.1 TITLE	COOCC179	
NAME DAIGLE, MELVENA		52 NAME	600001 79 -04/29/96010	30030 131003
STREET ADDRESS 1007 VERMONT AVENUE		5 3 STREET ADORESS	***61.25	
CITY-ST-ZIP LADY LAKE FL	DELETE	5 4 CITY - ST - ZIP 6 1 TITLE	**************************************	☐ Change ☐ Addition
TITLE D	Doctrie	62 NAME		Def
NAME THOMAS, JANE K		6 3 STREET ADDRESS		
STREET ADDRESS 511 BONITA DRIVE		5 4 6 (T) 6 7 7 (C)		4-27
CITY-ST-ZIP LADY LAKE FL	with this filing is voluntarily furnish	ned and does not quali	fy for the exemption stated in Section 119.	07(3)(k), Florida Statutes. I further
CITY-S1-ZIP LADY LAKE FL 14. I do hereby certify that the information supplied certify that the information indicated on this and oath; that I am an officer or director of the corpappears in Block 12 or Block 13 it changed, or	poretton or the receiver or trustee or renan attachment with an address	empowered to execute ss.	fy for the exemption stated in Section 119. urate and that my signature shall have the this report as required by Chapter 617, Fi	orida Statutes; and that thy harde

SIGNATURE:

ATURE AND TYPESOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 5, 1996