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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

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**DOCUMENT # N33166**

1. Corporation Name

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

Principal Place of Business

LA HACIENDA CENTER  
1100 MAIN STREET  
LADY LAKE FL 32159  
US

Mailing Address

BOX 1015  
LADY LAKE FL 32158



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

07/20/1989

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

94-3085220

Applied For

Not Applicable

22 City &amp; State

27 City &amp; State

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVIS, SHIRLEY L  
1109 W. BOONE CT.  
LADY LAKE FL 32159

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

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 ☐ DELETE

NAME DAVIS, SHIRLEY L  
STREET ADDRESS 1109 W. BOONE COURT  
CITY-ST-ZIP LADY LAKE FL 32159

1.1 TITLE ☐ Change ☐ AdditionTITLE VD ☐ DELETE

NAME LICHTENBERGER, RICHARD C  
STREET ADDRESS 1011 SAN REMO LANE  
CITY-ST-ZIP LADY LAKE FL 32159

2.1 TITLE ☐ Change ☐ AdditionTITLE SD ☒ DELETE

NAME WHEELER, SHARON  
STREET ADDRESS 316 SAN MARINO DRIVE  
CITY-ST-ZIP LADY LAKE FL 32159

3.1 TITLE ☒ Change ☐ AdditionTITLE TD ☐ DELETE

NAME BARNES, HAROLD E  
STREET ADDRESS 1210 E. SCHWARTZ BLVD.  
CITY-ST-ZIP LADY LAKE FL 32159

4.1 TITLE ☐ Change ☐ AdditionTITLE D ☐ DELETE

NAME LICHTENBERGER, RUTH N  
STREET ADDRESS 1011 SAN REMO LANE  
CITY-ST-ZIP LADY LAKE FL 32159

5.1 TITLE ☐ Change ☐ AdditionTITLE D ☐ DELETE

NAME REINEKE, AUDREY  
STREET ADDRESS 924 ST. ANDREWS BLVD.  
CITY-ST-ZIP LADY LAKE FL 32159

6.1 TITLE ☐ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

SD  
DOLE, DORIS  
810 HIBISCUS DR  
LADY LAKE, FL 32159

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: *Harold Barnes*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/99

Date

(352) 753-8810

Daytime Phone #

CR2E037 (1/98)