

FILE NOW: FILING FEE IS \$61.25 CERTIFIED MAIL - RRR

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

This is 2nd Submittal. 1st submitted 2/13/96 but not received by you.

DOCUMENT # N 94 000003219 (2)

1. Corporation Name
Leesburg Area Chapter #4954 of American Association of Retired Persons, Inc.

Principal Place of Business Mailing Address
12 San Remo Drive c/o G.L. Lewis
Leesburg 34748 P.O. Box 49140
Leesburg FL 34788

3. Date Incorporated or Qualified 06/28/94
3a. Date of Last Report 09/25/95
4. FEI Number 52-1830354
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt # etc 26 Suite, Apt # etc
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Sue M. Soto
42 Lattice Dr.
Leesburg, FL 34788

81 Name Gilbert L. Lewis
82 Street Address (P.O. Box Number is Not Acceptable) 12 San Remo Drive
83 Leesburg
84 City FL 85 Zip Code 34748

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 Gilbert L. Lewis ~~Gilbert L. Lewis~~

President
Vice President
Secretary/Treasurer
Director
Director

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Gilbert L. Lewis <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gilbert L. Lewis	12 NAME	
STREET ADDRESS	12 San Remo Dr.	13 STREET ADDRESS	
CITY-ST-ZIP	Leesburg, FL 34748	14 CITY-ST-ZIP	
TITLE	Mary Karwasinski <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mary Karwasinski	22 NAME	
STREET ADDRESS	54 Wintergreen Dr.	23 STREET ADDRESS	
CITY-ST-ZIP	Fruitland Park, FL 34731	24 CITY-ST-ZIP	
TITLE	Jean W Glyn <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jean W Glyn	32 NAME	
STREET ADDRESS	1115 Cypress St.	33 STREET ADDRESS	
CITY-ST-ZIP	Tavares, FL 32778-4666	34 CITY-ST-ZIP	
TITLE	Jean W Glyn <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jean W Glyn	42 NAME	
STREET ADDRESS	1115 Cypress St.	43 STREET ADDRESS	
CITY-ST-ZIP	Tavares, FL 32778-4666	44 CITY-ST-ZIP	
TITLE	Lorraine Ullery <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lorraine Ullery	52 NAME	
STREET ADDRESS	8 Sunrise Lane	53 STREET ADDRESS	000001868160
CITY-ST-ZIP	Fruitland Park, FL 34731	54 CITY-ST-ZIP	-06/19/96--01136--048
TITLE	Alice Duncan <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alice Duncan	62 NAME	
STREET ADDRESS	1632 New Abbey	63 STREET ADDRESS	
CITY-ST-ZIP	Leesburg, FL 34788	64 CITY-ST-ZIP	

000001868160
-06/19/96--01136--048
***61.25

05.1.96

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Jean W Glyn Secy/Treas 4/12/96 352/343-8342
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)