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Jan 22 1997 8:00am
Secretary of State



NONPROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # N94000003219 (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
LEESBURG FL 34748

% G. L. LEWIS
P.O. BOX 49140
LEESBURG FL 34788

3. Date Incorporated or Qualified
06/28/1994

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number
52-1830354

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEWIS, GILBERT L
12 SAN REMO DRIVE
LEESBURG FL 34748

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 P DELETE
NAME LEWIS, GILBERT L
STREET ADDRESS 12 SAN REMO DR
CITY-ST-ZIP LEESBURG FL 34748

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

TITLE V DELETE
NAME KARWASINSKI, MARY
STREET ADDRESS 54 WINTERGREEN DRIVE
CITY-ST-ZIP FRUITLAND PARK FL 34731

2.1 TITLE Change Addition
2.2 NAME WALTER KARWASINSKI
2.3 STREET ADDRESS 54 WINTERGREEN DR.
2.4 CITY-ST-ZIP FRUITLAND PARK, FL 34731

TITLE ST DELETE
NAME GLYNN, JEAN
STREET ADDRESS 11115 CYPRESS COURT
CITY-ST-ZIP TAVARES FL 32778

3.1 TITLE Change Addition
3.2 NAME SECRETARY
3.3 STREET ADDRESS LORRAINE ULLERY
3.4 CITY-ST-ZIP 8 SUNRISE LANE
FRUITLAND PARK, FL 34731

TITLE D DELETE
NAME ULLERY, LORRAINE
STREET ADDRESS 8 SUNRISE LANE
CITY-ST-ZIP FRUITLAND PARK FL 34731

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

TITLE D DELETE
NAME DUNCAN, ALICE
STREET ADDRESS 1632 NEW ABBEY
CITY-ST-ZIP LEESBURG FL 34788

5.1 TITLE Change Addition
5.2 NAME 100002065581
5.3 STREET ADDRESS -01/23/97--01010--002
5.4 CITY-ST-ZIP ***61.25

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME TREASURER
6.3 STREET ADDRESS MARY KARWASINSKI
6.4 CITY-ST-ZIP 54 WINTERGREEN DR.
FRUITLAND PARK, FL 34731

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 6078947

Gilbert L. Lewis 1/10/97

CR2E037 (9/96)