FILE NOW: FILING FEE IS $61.25

FILED
Apr 06, 1999 8:00 am
Secretary of State
04-06-1999 90005 009 ****61.25

0076194

NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **N31610**

1. Corporation Name

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

Principal Place of Business	Mailing Address
8987 SW 108 PL OCALA FL 34481	8987 SW 108 PL OCALA FL 34481

2. Principal Place of Business (21) — Suite, Apt. #, etc. (22) — City & State (23) — Zip (24) — Country (25)

2a. Mailing Address (26) — Suite, Apt. #, etc. (27) — City & State (28) — Zip (29) — Country (30)

3. Date Incorporated or Qualifed: 04/10/1989

4. FEI Number: 94-3069719 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

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

9. Name and Address of Current Registered Agent

MALFA, GRACE P
8987 SW 108TH PL
OCALA FL 34481

10. Name and Address of New Registered Agent

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: GRACE P. MALFA — 4/2/99 (DATE)
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	MALFA, GRACE P		1.2 NAME	JOHN WEISS	
STREET ADDRESS	8987 SW 108 PL		1.3 STREET ADDRESS	8006 SW 115 LOOP	
CITY-ST-ZIP	OCALA FL 34481		1.4 CITY-ST-ZIP	OCALA, FLA 34481	
TITLE	S	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CLARK, RUTH		2.2 NAME		
STREET ADDRESS	8449 SW 108 PL		2.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34481		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BRUNO, ANTHONY "TONY"		3.2 NAME		
STREET ADDRESS	8371 S. W. 108TH PLACE		3.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34481		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PIZZIMENTI, SUSAN		4.2 NAME		
STREET ADDRESS	9072 SW 109 LANE		4.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34481		4.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	PRESCOTT, DON		5.2 NAME		
STREET ADDRESS	8186 SW 108TH ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MULLER, WILLIAM		6.2 NAME		
STREET ADDRESS	8777 SW 116TH PL RD		6.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL		6.4 CITY-ST-ZIP		

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: SIGNATURE REQUIRED — GRACE P. MALFA — 4/2/99 (Date) — 352-854-6074 (Daytime Phone #)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)