

3-12-98 B-3184-C  
 FILE NOW: FILING FEE IS \$61.25

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 Mar 12 1998 8:00am  
 Secretary of State

NONPROFIT CORPORATION, ANNUAL REPORT 1998



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

DOCUMENT # 712674 (1)  
 Corporation Name  
 GREATER CORAL GABLES CHAPTER #449 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.



Principal Place of Business CORAL GABLES WOMEN'S CLUB CORAL GABLES FL 33134 US	Mailing Address 1765 SW 24 AVE MIAMI FL 33145 US
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3. Date Incorporated or Qualified 05/03/1967	
4. FEI Number 59-6209755	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business CORAL GABLES YOUTH CENTER Suite, Apt. #, etc.	26. Mailing Address 611 S.W. 47 COURT Suite, Apt. #, etc.
22. City & State CORAL GABLES, FL	27. City & State MIAMI, FL
23. Zip 33134	28. Country U.S.A
24. Zip 33134	29. Country U.S.A

9. Name and Address of Current Registered Agent

FREEMAN, GERTRUDE  
 4214 ANNE COURT  
 MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name JOSEPHINE HANCKEY	
82 Street Address (P.O. Box Number is Not Acceptable) 611 S.W. 47 COURT	
83	
84 City MIAMI	85 Zip Code 33134

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: *Josephine Hanckey* DATE: 1/8/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	FREEMAN, GERTRUDE 4214 ANN COURT MIAMI FL 33133	<input checked="" type="checkbox"/> DELETE	
TITLE TD	SILVERSTEIN, JANICE 1765 SW 24 AVENUE MIAMI FL 33145	<input type="checkbox"/> DELETE	1.1 TITLE JOSEPHINE HANCKEY 1.2 NAME 1.3 STREET ADDRESS 611 SW 47 COURT 1.4 CITY - ST - ZIP MIAMI, FL 33134
TITLE CPM	CAMBELL, ANN 6280 SW 16 TERRACE MIAMI FL 33155	<input type="checkbox"/> DELETE	2.1 TITLE VP 2.2 NAME JANICE SILVERSTEIN 2.3 STREET ADDRESS 1765 SW 24 AVE 2.4 CITY - ST - ZIP MIAMI, FL 33145
TITLE SD	ANGELICA, ANITA 7824 SW 35 TR MIAMI FL 33155	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP
TITLE SS	BOHN, MARGARET 1400 SW 27 AVE #406 MIAMI FL 33145	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE PD MARGARET BOHN 1400 SW 27 AVE #406 MIAMI, FL 33145
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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.

SIGNATURE: *Josephine Hanckey* DATE: 1/8/98

SIGNATURE: *Josephine Hanckey* DATE: 1/8/98 305444-1007

CR2E037 (10/97)