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May 06 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 726907 (9)

1. Corporation Name

TAMARAC CHAPTER #1430 OF AMERICAN ASSOCIATION OF  
RETIRED PERSONS, INC.

Principal Place of Business

Mailing Address

C/O GLORIA C. MERRILL, Pres.  
8501 N.W. 45 STREET  
LAUDERHILL FL 33351  
USC/O GLORIA C. MERRILL Pres.  
8501 N.W. 45 STREET  
LAUDERHILL FL 33351-6013  
US3. Date Incorporated or Qualified  
07/10/19733a. Date of Last Report  
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MERRILL, GLORIA C P  
8501 N.W. 45 STREET  
LAUDERHILL FL 33351

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

Gloria C. Merrill, Pres. Gloria C. MERRILL 4/17/97

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	<input type="checkbox"/> DELETE
NAME	MERRILL, GLORIA	
STREET ADDRESS	8501 NW 45TH ST	
CITY-ST-ZIP	LAUDERHILL FL 33351	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	ZIMBEROFF, THELMA	
STREET ADDRESS	6190 WOODLANDS BLVD.	
CITY-ST-ZIP	TAMARAC FL 33319	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	WHISLER, WAYNE	
STREET ADDRESS	7104 N.W. 92ND TERR.	
CITY-ST-ZIP	TAMARAC FL 33319	

3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	La MOTT, Lenore
3.3 STREET ADDRESS	7960 Sunrise Lakes Dr., N.
3.4 CITY-ST-ZIP	Bldg. 23 - Apt. 306 Sunrise, FL 33322

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BORN, DOROTHY	
STREET ADDRESS	7114 NW 57 DR.	
CITY-ST-ZIP	TAMARAC FL 33319	

4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Kramer, Jeannette
4.3 STREET ADDRESS	9623 N.W. 75 Court
4.4 CITY-ST-ZIP	Tamarac, FL 33321

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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

Gloria C. Merrill, Pres. 4/17/97 (954) 748-0639

Date

Daytime Phone # 0037881

CF2E037 (9/96)