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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 726907

1. Corporation Name

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

* 5 2 4 5 4 7 *
 524547 - 90065 - 15

Principal Place of Business

C/O THELMA ZIMBEROFF
 6190 WOODLANDS BLVD
 TAMARAC FL 33351
 US

Mailing Address

ZIMBEROFF, THELMA
 6190 WOODLANDS BLVD
 TAMARAC FL 33351
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

3. Date Incorporated or Qualified
 07/10/1973

4. FEI Number
 23-7290154

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

9. Name and Address of Current Registered Agent

ZIMBEROFF, THELMA
 6190 WOODLANDS BLVD
 TAMARAC FL 33319

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D DELETE
 NAME MERRILL, GLORIA
 STREET ADDRESS 8501 NW 45TH ST
 CITY-ST-ZIP LAUDERHILL FL 33351

TITLE PD DELETE
 NAME ZIMBEROFF, THELMA
 STREET ADDRESS 6190 WOODLANDS BLVD.
 CITY-ST-ZIP TAMARAC FL 33319

TITLE TP DELETE
 NAME LA MOTT, LENORE
 STREET ADDRESS 7960 SUNRISE LAKES DR., W., BLDG 23, #306
 CITY-ST-ZIP SUNRISE FL

TITLE SD DELETE
 NAME KRAMER, JEANNETTE
 STREET ADDRESS 9623 N.W. 75 COURT
 CITY-ST-ZIP TAMARAC FL

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRES. Change Addition
 1.2 NAME Helma Zimberoff
 1.3 STREET ADDRESS 6190 Woodlands Blvd
 1.4 CITY-ST-ZIP TAMARAC FL 33319

2.1 TITLE V.P. Change Addition
 2.2 NAME CLARA KNEPPAR
 2.3 STREET ADDRESS 8109 Hibiscus Circle
 2.4 CITY-ST-ZIP TAMARAC FL 33321

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

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

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
 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, with all other like empowered.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-99

Date

954-7490346

Daytime Phone #

CR2E037 (1/98)