

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # **N12334** (1)

1. Corporation Name

**LAKES CHAPTER #3837 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.**

95 FEB 24 AM 11:30

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified <b>11/27/1985</b>	3a. Date of Last Report <b>04/08/1994</b>
4. FEI Number <b>59-2457494</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

Principal Place of Business		Mailing Address	
<b>7485 MIAMI LAKES DR MIAMI LAKES FL 33014 US</b>		<b>5253 NW 202ND TERRACE MIAMI FL 33055 US</b>	
2. Principal Place of Business	26. Mailing Address	27. City & State	28. City & State
21 <b>Hialeah Salvation Army HQ</b>	26 <b>Lakes Ch. AARP</b>	27 <b>P.O. Box 4164</b>	28 <b>Hialeah FL</b>
Suite, Apt. #, etc. <b>7450 Red Road</b>	Suite, Apt. #, etc.	City & State	City & State
23 <b>Hialeah FL 33014</b>	29 <b>33014</b>	30 <b>Dade</b>	31 <b>Dade</b>
Zip	County	Zip	County

9. Name and Address of Current Registered Agent

**BAUER MARGARET  
5253 NW 202ND TERRACE  
MIAMI FL 33055**

10. Name and Address of New Registered Agent

81 Name **John Alan Beech**

82 Street Address (P.O. Box Number is Not Acceptable)  
**7200 Fairway Drive # 24**

83

84 City **Miami Lakes FL** 85 Zip Code **33014**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *J. A. Beech* **J. A. BEECH** **Feb. 20 1995**

Signature, first or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	NAME <b>BAUER, MARGARET</b>	1.1 TITLE <b>P</b>	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS <b>5253 NW 202ND TERRACE</b>	<b>X</b>	1.2 NAME <b>J. Alan Beech</b>	
CITY - ST - ZIP <b>MIAMI FL</b>		1.3 STREET ADDRESS <b>7200 Fairway Drive # 24</b>	
TITLE <b>T</b>	NAME <b>WRIGHT, CAROLINE</b>	1.4 CITY - ST - ZIP <b>Miami Lakes FL 33014</b>	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS <b>1840 SW 87TH AVE</b>	<b>X</b>	2.1 TITLE <b>T</b>	
CITY - ST - ZIP <b>MIAMI FL</b>		2.2 NAME <b>Leigh Jackson</b>	
TITLE <b>S</b>	NAME <b>HENKE, RUTH</b>	2.3 STREET ADDRESS <b>7418 Big Cypress Dr.</b>	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
STREET ADDRESS <b>7791 W 18TH LN</b>	<b>✓</b>	2.4 CITY - ST - ZIP <b>Miami Lakes FL 33014</b>	
CITY - ST - ZIP <b>HIALEAH FL</b>		3.1 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
TITLE <b>D</b>	NAME <b>PROVENZANO, NANCY</b>	3.2 NAME	
STREET ADDRESS <b>765 W. 63RD DR.</b>	<b>+</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP <b>HIALEAH FL</b>		3.4 CITY - ST - ZIP <b>33014</b>	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
TITLE <b>D</b>	NAME <b>COLE, JEAN</b>	4.1 TITLE <b>D</b>	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS <b>1070 W 53RD ST</b>	<b>4</b>	4.2 NAME <b>Provenzano, Nancy</b>	
CITY - ST - ZIP <b>HIALEAH FL</b>		4.3 STREET ADDRESS <b>7028 Loch Islet Dr. N.</b>	
TITLE <b>VP</b>	NAME <b>LEEDS, CARMEN</b>	4.4 CITY - ST - ZIP <b>Miami Lakes FL 33014</b>	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS <b>7012 CROWN GATE DR</b>	<b>✓</b>	5.1 TITLE <b>D</b>	
CITY - ST - ZIP <b>MIAMI LAKES FL</b>		5.2 NAME <b>Cole, Jean</b>	
		5.3 STREET ADDRESS <b>7004 Crown Gate Court</b>	
		5.4 CITY - ST - ZIP <b>Miami Lakes FL 33014</b>	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
		6.1 TITLE	
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY - ST - ZIP <b>33014</b>	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify 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: *J. Alan Beech* **J. Alan Beech** **2/20/95** **305-823-725**

Signature and typed or printed name of signing officer or director DATE (Typed Name)