

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N12334 (1)

1. Corporation Name
LAKES CHAPTER #3837 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.



Principal Place of Business Mailing Address
**HIALEAH SALVATION ARMY HQ
7450 RED ROAD
HIALEAH FL 33014
US** **LAKES CH. AARP
P.O. BOX 4164
HIALEAH FL 33014
US**

3. Date Incorporated or Qualified **11/27/1985** 3a. Date of Last Report **02/24/1995**
4. FEI Number **59-2457494** 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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

**BEECH, JOHN A
7200 FAIRWAY DRIVE #24
MIAMI LAKES FL 33014**

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, for 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]* **JOHN A. BEECH** Date **Mar 15 1996**
Signature, typed or printed name of registered agent; and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	BEECH, J. A
STREET ADDRESS	7200 FAIRWAY DRIVE #24
CITY-ST-ZIP	MIAMI LAKES FL
TITLE	T <input type="checkbox"/> DELETE
NAME	JACKSON, LEIGH
STREET ADDRESS	7418 BIG CYPRESS DR.
CITY-ST-ZIP	MIAMI LAKES FL
TITLE	S <input type="checkbox"/> DELETE
NAME	HENKE, RUTH
STREET ADDRESS	7791 W 18TH LN
CITY-ST-ZIP	HIALEAH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	PROVENZANO, NANCY
STREET ADDRESS	7028 LOCK ISLE DR. N.
CITY-ST-ZIP	MIAMI LAKES FL
TITLE	D <input type="checkbox"/> DELETE
NAME	COLE, JEAN
STREET ADDRESS	7004 CROWN GATE COURT
CITY-ST-ZIP	MIAMI LAKES FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	LEEDS, CARMEN
STREET ADDRESS	7012 CROWN GATE DR
CITY-ST-ZIP	MIAMI LAKES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 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	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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]* **LEIGH JACKSON** Date **3/18/96** Daytime Phone # **305-822-3657**
Signature, typed or printed name of signing officer or director

CR2E037 (12/95)