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Mar 25 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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: HIALEAH SALVATION ARMY HQ, 7450 RED ROAD, HIALEAH FL 33014 US  
Mailing Address: LAKES CH. AARP, P.O. BOX 4164, HIALEAH FL 33014-0164 US

3. Date Incorporated or Qualified: 11/27/1985  
3a. Date of Last Report: 03/25/1996

2. Principal Place of Business (21-24)  
2a. Mailing Address (25-28)  
21: Suite, Apt. #, etc.  
22: City & State  
23: Zip, Country  
24: Zip, Country

4. FEI Number: 59-2457494  
Applied For: Not Applicable  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing: \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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  
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEECH, J. A	1.2 NAME	
STREET ADDRESS	7200 FAIRWAY DRIVE #24	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI LAKES FL	1.4 CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, LEIGH	2.2 NAME	
STREET ADDRESS	7418 BIG CYPRESS DR.	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI LAKES FL	2.4 CITY - ST - ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HENKE, RUTH	3.2 NAME	S BARNES, JOAN
STREET ADDRESS	7791 W 18TH LN	3.3 STREET ADDRESS	14140 Cypress Ct.
CITY - ST - ZIP	HIALEAH FL	3.4 CITY - ST - ZIP	Miami Lakes, FL 33014
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PROVENZANO, NANCY	4.2 NAME	GRECO, DOROTHY
STREET ADDRESS	7028 LOCK ISLE DR. N.	4.3 STREET ADDRESS	15499 N. Miami Lakeway #206
CITY - ST - ZIP	MIAMI LAKES FL	4.4 CITY - ST - ZIP	Miami Lakes, FL 33014
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLE, JEAN	5.2 NAME	BARNES, ELDON
STREET ADDRESS	7004 CROWN GATE COURT	5.3 STREET ADDRESS	14140 Cypress Ct.
CITY - ST - ZIP	MIAMI LAKES FL	5.4 CITY - ST - ZIP	Miami Lakes FL 33014
TITLE	VP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEEDS, CARMEN	6.2 NAME	
STREET ADDRESS	7012 CROWN GATE DR	6.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI LAKES FL	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: Leigh Jackson *Leigh Jackson* 3-20-97 822-3657  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E037 (9/96)