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Apr 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortherm Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N12334 (1)
1. Corporation Name
LAKES CHAPTER #3837 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.



Principal Place of Business HIALEAH SALVATION ARMY HO 7450 RED ROAD HIALEAH FL 33014 US	Mailing Address LAKES CH. AARP P.O. BOX 4164 HIALEAH FL 33014 US
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3. Date Incorporated or Qualified 11/27/1985	
4. FEI Number 59-2457494	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Miami Lakes Community	2a. Mailing Address 26
Suite, Apt. #, etc. 22 Center	Suite, Apt. #, etc. 27
City & State 23 15151 Montrose Road Miami Lakes, FL	City & State 28
Zip 24 33014	Country 29 Dade

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 Eldon Barnes	
82 Street Address (P.O. Box Number is Not Acceptable) 14140 Cypress Court	
83 City Miami Lakes, FL 33014	
84 City Miami Lakes	85 Zip Code FL 33014

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 Eldon Barnes *Eldon Barnes* February 1, 1998
Signature, typed or printed name of registered agent and title if applicable. (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 BEECH, J. A 7200 FAIRWAY DRIVE #24 MIAMI LAKES FL	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Corresponding Sec'y Alan Beech 7200 Fairway Drive #24 Miami Lakes FL 33014
TITLE T	<input type="checkbox"/> DELETE JACKSON, LEIGH 7418 BIG CYPRESS DR. MIAMI LAKES FL	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition Treasurer Leigh Jackson 7418 Big Cypress Drive Miami Lakes FL 33014
TITLE S	<input type="checkbox"/> DELETE BARNES, JOAN 14140 CYPRESS CT MIAMI LAKES FL	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Recording Sec'y Joan Barnes 14140 Cypress Court Miami Lakes FL 33014
TITLE D	<input checked="" type="checkbox"/> DELETE GRECO, DOROTHY 15499 N MIAMI LAKEWAY #208 MIAMI LAKES FL	4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VP Lucille Hudak 14000 Alamanda Ave. Miami Lakes, FL 33014
TITLE D	<input type="checkbox"/> DELETE BARNES, ELDON 14140 CYPRESS CT MIAMI LAKES FL	5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P Eldon Barnes 14140 Cypress Ct. Miami Lakes FL 33014
TITLE VP	<input checked="" type="checkbox"/> DELETE LEEDS, CARMEN 7012 CROWN GATE DR MIAMI LAKES FL	6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Virginia Cox 17321 NW 51 Place Miami FL 33185 or 33185

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.

SIGNATURE: Eldon Barnes *Eldon Barnes* 2/1/98 305-821-7440

CR2E037 (10/97)