


**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90133 035 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # N12334**

1. Corporation Name

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

Principal Place of Business

MIAMI LAKES COMMUNITY CENTER  
 15151 MONTROSE RD  
 MIAMI LAKES FL 33014  
 US

Mailing Address

LAKES CH. AARP  
 P.O. BOX 4164  
 HIALEAH FL 33014  
 US



21. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	11/27/1985
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-2457494
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Zip	5. Certificate of Status Desired <input type="checkbox"/>
24	29	\$8.75 Additional Fee Required
25	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
Country	Country	\$5.00 May Be Added to Fees
29	30	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BARNES, ELDON 14140 CYPRESS COURT MIAMI LAKES FL 33014	81 Name Freda Cherry (305) 823-3843 82 Street Address (P.O. Box Number is Not Acceptable) 7400 Miami Lakes Drive D105 83 84 City Miami Lakes FL 85 Zip Code 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 Freda B. Cherry DATE 3-30-99  
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEECH, ALAN	1.2 NAME	Freda Cherry
STREET ADDRESS	7200 FAIRWAY DRIVE #24	1.3 STREET ADDRESS	7400 Miami Lakes Drive D105
CITY-ST-ZIP	MIAMI LAKES FL 33014	1.4 CITY-ST-ZIP	Miami Lakes, FL 33014
TITLE	DT <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, LEIGH	2.2 NAME	Alan Beech
STREET ADDRESS	7418 BIG CYPRESS DR.	2.3 STREET ADDRESS	7200 Fairway Drive #24
CITY-ST-ZIP	MIAMI LAKES FL 33014	2.4 CITY-ST-ZIP	Miami Lakes, FL 33014
TITLE	DS <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNES, JOAN	3.2 NAME	Rosemary Fritch
STREET ADDRESS	14140 CYPRESS CT	3.3 STREET ADDRESS	6963 Sharpecroft Court
CITY-ST-ZIP	MIAMI LAKES FL 33014	3.4 CITY-ST-ZIP	Miami Lakes, FL 33014
TITLE	DVP <input checked="" type="checkbox"/> DELETE	4.1 TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUDAK, LUCILLE	4.2 NAME	Geraldine Smith
STREET ADDRESS	14000 ALAMANDA AVE	4.3 STREET ADDRESS	7220 West 2nd Court
CITY-ST-ZIP	MIAMI LAKES FL 33014	4.4 CITY-ST-ZIP	Hialeah, FL 33014
TITLE	DP <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNES, ELDON	5.2 NAME	Virginia Cox
STREET ADDRESS	14140 CYPRESS CT	5.3 STREET ADDRESS	17321 NW 51 Place
CITY-ST-ZIP	MIAMI LAKES FL 33014	5.4 CITY-ST-ZIP	Miami, FL 33055
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COX, VIRGINIA	6.2 NAME	Helen Fiene
STREET ADDRESS	17321 NW 51 PLACE	6.3 STREET ADDRESS	6023 East 6th Avenue
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	Hialeah, FL 33013

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: Geraldine Smith DATE 1/26/99 DAYTIME PHONE # (305) 558-2644  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)