

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 # **N27901** (0)

1. Corporation Name

NORTHEAST DADE CHAPTER #4237 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.



Principal Place of Business: 3186 PRAIRIE AVENUE, MIAMI BEACH FL 33140
Mailing Address: 3186 PRAIRIE AVENUE, MIAMI BEACH FL 33140

3. Date Incorporated or Qualified: 08/16/1988
3a. Date of Last Report: 09/25/1995

21	2. Principal Place of Business	2a	2a. Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		94-3046977	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
	Zip	28	Zip		<input type="checkbox"/>	
23	Country	29	Country	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
		30			<input type="checkbox"/>	
24				8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MAC NAMARA, RICHARD J
3186 PRAIRIE AVENUE
MIAMI BEACH FL 33140

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

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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAC NAMARA, RICHARD J	1.2 NAME	
STREET ADDRESS	3186 PRAIRIE AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33140	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVITEN, LIL	2.2 NAME	
STREET ADDRESS	1401 NE 191 STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	2.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Treasurer <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLIN, ROSZIKA TOBY	3.2 NAME	LEVITEN, SAMUEL
STREET ADDRESS	16901 NE 13TH AVE	3.3 STREET ADDRESS	1401 NE 191 STREET
CITY-ST-ZIP	N MIAMI BCH FL	3.4 CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KROSS, MARGARET	4.2 NAME	
STREET ADDRESS	20310 NE 2ND AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BCH FL 33179	4.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NISSENBAUM, JOSEPH J	5.2 NAME	
STREET ADDRESS	300 BAYVIEW DRIVE #505	5.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH FL 33160	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard J. Mac Namara

Richard J. Mac Namara

Date

2/10/96

Daytime Phone #

305-532-636

CR2E037 (12/95)