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May 09 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 # N27901 (0)
1. Corporation Name

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



Principal Place of Business Mailing Address
3186 PRAIRIE AVENUE 3186 PRAIRIE AVENUE
MIAMI BEACH FL 33140 MIAMI BEACH FL 33140-3427

3. Date Incorporated or Qualified 08/16/1988 3a. Date of Last Report 04/19/1996

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	94-3046977	Applied For	Not Applicable
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	
23	City & State	City & State	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
24	Zip	Country	25	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" 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	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, 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 checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	LEVITEN, LIL		2.2 NAME	TREASURER LEVITEN LIL.			
STREET ADDRESS	1401 NE 191 STREET		2.3 STREET ADDRESS	1401 NE 191 ST #D-317			
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179		2.4 CITY-ST-ZIP	No. Miami, Beach Fl. 33179			
TITLE	T	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition		
NAME	LEVITEN, SAMUEL		3.2 NAME	2nd VICE PRESIDENT MARIE M. TOOKS			
STREET ADDRESS	1401 NE 191 ST		3.3 STREET ADDRESS	119 NW 85th ST.			
CITY-ST-ZIP	N MIAMI BCH FL		3.4 CITY-ST-ZIP	MIAMI, FL. 33150			
TITLE	SD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition		
NAME	KROSS, MARGARET		4.2 NAME	SECRETARY SUEI HARGENS			
STREET ADDRESS	20310 NE 2ND AVE		4.3 STREET ADDRESS	19051 NE 2nd Ave Apt 1517			
CITY-ST-ZIP	N MIAMI BCH FL 33179		4.4 CITY-ST-ZIP	MIAMI, FL. 33179			
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 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.

CR2E037 (9/96)