SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 5/0/95: $150 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $205)

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL -7 AM 8:48
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **N34569** **(6)**

1. Corporation Name

SOUTH DADE CHAPTER #4463 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
AARP CHAPTER #4463 1ST NATIONAL BANK - PIONEER ROOM HOMESTEAD FL 33090 US	P O BOX 900750 HOMESTEAD FL 33090 US

3. Date Incorporated or Qualified: 10/06/1989
3a. Date of Last Report: 04/13/1994
4. FEI Number: 94-3092425 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 1ST NATIONAL BANK	2a. Mailing Address 20 SEE ABOVE
Suite, Apt. #, etc. 22 PIONEER ROOM	Suite, Apt. #, etc. 27
City & State 23 HOMESTEAD, FLORIDA	City & State 28
Zip / Country 24 33030 / 25 USA	Zip / Country 29 / 30

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PERRY, RUTH E 28201 SW 195TH AVE HOMESTEAD FL 33030 33030 7578	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 33030 7578

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	RODELY, CLARENCE H.	1.2 NAME	
STREET ADDRESS	1520 NE 14 ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	SYTSMA, THOMAS B	2.2 NAME	[illegible] SMITH CORRECTION
STREET ADDRESS	2055 SW 280 ST	2.3 STREET ADDRESS	20255 SW 280 ST
CITY-ST-ZIP	HOMESTEAD FL	2.4 CITY-ST-ZIP	HOMESTEAD, FL 33031
TITLE	SD	3.1 TITLE	☒ Change ☐ Addition
NAME	DIDOMENICO, MARJORIE	3.2 NAME	MICIGY SMITH
STREET ADDRESS	18943 SW 94TH AVE	3.3 STREET ADDRESS	20255 S.W. 280 STREET
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	HOMESTEAD, FL 33031
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	PERRY, RUTH E	4.2 NAME	
STREET ADDRESS	28201 SW 195TH AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	TRENTHAM, CLYDE	5.2 NAME	
STREET ADDRESS	987 NE 5TH AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL	5.4 CITY-ST-ZIP	
TITLE	ATD	6.1 TITLE	☐ Change ☐ Addition
NAME	JENSEN, JOHN	6.2 NAME	
STREET ADDRESS	67 N.W. 22ND STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL	6.4 CITY-ST-ZIP	

CR2E037 (3/95)

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)(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: JOHN JENSEN John Jensen June 29, 1995 305-248-1446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0007143