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

1. Corporation Name

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

| Principal Place of Business | Mailing Address |
|---|---|
| 1ST NATIONAL BANK<br>PIONEER ROOM<br>HOMESTEAD FL 33030<br>US | P O BOX 900750<br>HOMESTEAD FL 33090<br>US |

3. Date Incorporated or Qualified: 10/06/1989
3a. Date of Last Report: 07/07/1995
4. FEI Number: 94-3092425 ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

**9. Name and Address of Current Registered Agent**

PERRY, RUTH E
28201 SW 195TH AVE
HOMESTEAD FL 33031

**10. Name and Address of New Registered Agent**

81 Name: Clyde J. Trantham
82 Street Address (P.O. Box Number is Not Acceptable): 987 N.E 5th Ave.
83 Homestead,Fl.
84 City: 33030 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: Clyde J Trantham (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 / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>RODELY, CLARENCE H.<br>1520 NE 14 ST<br>HOMESTEAD FL | ☐ DELETE | 11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP | Pres.<br>Clyde J. Trantham<br>987 N.E. 5th Ave.<br>Homestead, fl. 33030 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ~~V~~D<br>SYTSMA, THOMAS B<br>20255 SW 280 STREET<br>HOMESTEAD FL | ☐ DELETE | 21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP | V.P.<br>Ken Johnson<br>1420 N.E.10 St.<br>Homestead, Fl.<br>33033 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>SMITH, MICHEY<br>20255 SW 280 STREET<br>HOMESTEAD FL | ☒ DELETE | 31 TITLE / 32 NAME / 33 STREET ADDRESS / TY-ST-ZIP | S Margie De Domenico<br>18943S.W. 94 Ave.<br>Miami Fl.33157 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ~~V~~D<br>PERRY, RUTH E<br>28201 SW 195TH AVE<br>HOMESTEAD FL | ☐ DELETE | 41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP | T Helen Opferkuch<br>14861 Lincoln Dr.<br>Homestead,Fl. 33033 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D P<br>TRENTHAM, CLYDE<br>987 NE 5TH AVE<br>HOMESTEAD FL | ☐ DELETE | 51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP | D Roger Gunderson<br>1632 N. goldeneye Im.<br>Homestead, Fl. 33035 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ~~V~~D<br>JENSEN, JOHN<br>67 N.W. 22ND STREET<br>HOMESTEAD FL | ☐ DELETE | 61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP | D Florentino Gonzalez<br>1635 N.W.Ave.<br>Homestead,Fl. 33030 | ☐ Change ☐ Addition |

CR2E037 (12/95)

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)(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:** Helen Opferkuch 3-12-96 (305)245-0230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #