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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 712674 (1)

1. Corporation Name

**GREATER CORAL GABLES CHAPTER #449 OF AMERICAN AS
SOCIATION OF RETIRED PERSONS, INC.**

Principal Place of Business Mailing Address
CORAL GABLES WOMEN'S CLUB 1765 SW 24 AVE
CORAL GABLES FL 33134 MIAMI FL 33145
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/03/1967	3a. Date of Last Report 04/14/1994
4. FEI Number 59-6209755	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
NOGA, CHESTER
38 MARABELLA AV
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
81 Name Blanton, Naomi M.
82 Street Address (P.O. Box Number is Not Acceptable)
2762 S.W. 30 Ave.
83
84 City Miami FL 85 Zip Code 33133

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Naomi Blanton (NOTE: Registered Agent signature required when reinstating) DATE April 6, 1995

12. OFFICERS AND DIRECTORS	
TITLE	<u>PRESIDENT</u> D
NAME	<u>BLANTON, M NAOMI</u>
STREET ADDRESS	<u>2762 SW 30 AVE</u>
CITY - ST - ZIP	<u>MIAMI FL</u>
TITLE	<u>TREASURER</u> D
NAME	<u>SILVERSTEIN, JANICE</u>
STREET ADDRESS	<u>1765 SW 24 AVENUE</u>
CITY - ST - ZIP	<u>MIAMI FL</u>
TITLE	<u>CHAIRMAN OF MEMBERSHIP</u>
NAME	<u>CAMBELL, ANN</u>
STREET ADDRESS	<u>6280 SW 16 TERRACE</u>
CITY - ST - ZIP	<u>MIAMI FL</u>
TITLE	<u>PC PUBLICITY CHAIRMAN</u>
NAME	<u>SORRENTINO, ESTHER</u>
STREET ADDRESS	<u>6211 SW 38 ST</u>
CITY - ST - ZIP	<u>MIAMI FL</u>
TITLE	<u>SR SECIO ETARY</u> D
NAME	<u>ANGELICA, ANITA</u>
STREET ADDRESS	<u>7824 SW 35 TR</u>
CITY - ST - ZIP	<u>MIAMI FL</u>
TITLE	<u>SS SOCIAL SERVICE</u>
NAME	<u>FADDEN, KAY M</u>
STREET ADDRESS	<u>6010 SW 34 ST</u>
CITY - ST - ZIP	<u>CORAL GABLES FL</u>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<u>Our club has no</u>
1.3 STREET ADDRESS	<u>directors or trustees.</u>
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<u>30000 1485213</u>
2.3 STREET ADDRESS	<u>-05/12/95--01018--013</u>
2.4 CITY - ST - ZIP	<u>***130.00 ***130.00</u>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	<u>555 5/1/95</u>
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 110.07(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: Naomi Blanton DATE: April 5, 1995