

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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 ASSOCIATION OF RETIRED PERSONS, INC.



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

3. Date Incorporated or Qualified: 05/03/1967
3a. Date of Last Report: 05/10/1995

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

4. FEI Number: 59-6209755
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
BLANTON, NAOMI M
2762 S.W. 30 AVE.
MIAMI FL 33133

10. Name and Address of New Registered Agent
81 Name: Freeman Gertrude
82 Street Address (P.O. Box Number is Not Acceptable): 4214 Ann Court
83
84 City: Miami FL 85 Zip Code: 33133

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: *Gertrude Freeman, President 5/1/96*
Signature typed or printed name of registered agent and title if applicable: Gertrude Freeman, President 5/1/96
NOTE: Registered Agent signature required when registering. DATE:

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BLANTON, M NAOMI	
STREET ADDRESS	2762 SW 30 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SILVERSTEIN, JANICE	
STREET ADDRESS	1765 SW 24 AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	CPM	<input type="checkbox"/> DELETE
NAME	CAMBELL, ANN	
STREET ADDRESS	6280 SW 16 TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	PC	<input checked="" type="checkbox"/> DELETE
NAME	SORRENTINO, ESTHER	
STREET ADDRESS	6211 SW 36 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ANGELICA, ANITA	
STREET ADDRESS	7824 SW 35 TR	
CITY-ST-ZIP	MIAMI FL	
TITLE	SS	<input checked="" type="checkbox"/> DELETE
NAME	FADDEN, KAY M	
STREET ADDRESS	6010 SW 34 ST	
CITY-ST-ZIP	CORAL GABLES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '96

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Gertrude Freeman	
13 STREET ADDRESS	4214 Ann Court	
14 CITY-ST-ZIP	Miami, FL 33133	
21 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Silverstein, Janice	
23 STREET ADDRESS	1765 SW 24 Av.	
24 CITY-ST-ZIP	Miami, FL 33145	
31 TITLE	CPM	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Campbell, Ann	
33 STREET ADDRESS	6280 SW 16 TR	
34 CITY-ST-ZIP	Miami, FL 33155	
41 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	500001874555	
43 STREET ADDRESS	-06/25/96--01061--006	
44 CITY-ST-ZIP	***61.25	
51 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Angelica, Anita	
53 STREET ADDRESS	7824 SW 35 Tr.	
54 CITY-ST-ZIP	Miami, FL 33155	
61 TITLE	SS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	BOHN, Margaret	
63 STREET ADDRESS	1400 SW 29 Av. #406	
64 CITY-ST-ZIP	Miami, FL 33145	

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: *Gertrude Freeman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Gertrude Freeman
Date: 5/1/96 Daytime Phone #

CR2E037 (12/95)