

Jan 21 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 # 712674 (1)
1. Corporation Name
GREATER CORAL GABLES CHAPTER #449 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.



Principal Place of Business Mailing Address
CORAL GABLES WOMEN'S CLUB CORAL GABLES FL 33134 US
1765 SW 24 AVE MIAMI FL 33145-2443 US

3. Date Incorporated or Qualified 05/03/1967
3a. Date of Last Report 05/01/1996

2. Principal Place of Business 2a. Mailing Address
21 *As above* 26 *1765 SW 24 Av.*
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 *Coral Gables, Fl.* 28 *Miami, Fl.*
Zip Country Zip Country
24 *33134* 25 *Fla* 29 *33145* 30 *Fla*

4. FEI Number 59-6209755
Applied For 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

9. Name and Address of Current Registered Agent
FREEMAN, GERTRUDE
4214 ANNE COURT
MIAMI FL 33133

10. Name and Address of New Registered Agent
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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FREEMAN, GERTRUDE	
STREET ADDRESS	4214 ANN COURT	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SILVERSTEIN, JANICE	
STREET ADDRESS	1765 SW 24 AVENUE	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	CPM	<input type="checkbox"/> DELETE
NAME	CAMBELL, ANN	
STREET ADDRESS	6280 SW 16 TERRACE	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ANGELICA, ANITA	
STREET ADDRESS	7824 SW 35 TR	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	SS	<input type="checkbox"/> DELETE
NAME	BOHN, MARGARET	
STREET ADDRESS	1400 SW 27 AVE #406	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	
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.

SIGNATURE: Gertrude Freeman 1/2/97 661-0646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0030388

CR2E037 (9/96)