

Jan 21 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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 AS  
SOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business

Mailing Address

CORAL GABLES WOMEN'S CLUB  
CORAL GABLES FL 33134  
US1765 SW 24 AVE  
MIAMI FL 33145-2443  
US3. Date Incorporated or Qualified  
05/03/19673a. Date of Last Report  
05/01/19964. FEI Number  
59-6209755Applied For  
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 *As above*  
Suite, Apt. #, etc.26 *1765 SW 24 Ave.*  
Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 *Coral Gables, FL*  
Zip Country28 *Miami, FL*  
Zip Country24 *33134*  
Country25 *FL*  
Country29 *33145*  
Country30 *FL*  
Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FREEMAN, GERTRUDE  
4214 ANNE COURT  
MIAMI FL 33133

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

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 PD ☐ DELETE

NAME FREEMAN, GERTRUDE

STREET ADDRESS 4214 ANN COURT

CITY - ST - ZIP MIAMI FL 33133

TITLE TD ☐ DELETE

NAME SILVERSTEIN, JANICE

STREET ADDRESS 1765 SW 24 AVENUE

CITY - ST - ZIP MIAMI FL 33145

TITLE CPM ☐ DELETE

NAME CABBELL, ANN

STREET ADDRESS 6280 SW 16 TERRACE

CITY - ST - ZIP MIAMI FL 33155

TITLE SD ☐ DELETE

NAME ANGELICA, ANITA

STREET ADDRESS 7824 SW 35 TR

CITY - ST - ZIP MIAMI FL 33155

TITLE SS ☐ DELETE

NAME BOHN, MARGARET

STREET ADDRESS 1400 SW 27 AVE #406

CITY - ST - ZIP MIAMI FL 33145

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0030388

CR2E037 (9/96)