

3-12-98 B-3184-C
FILE NOW: FILING FEE IS \$61.25

FILED
Mar 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Myrtham Secretary of State DIVISION OF CORPORATIONS
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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 1765 SW 24 AVE
CORAL GABLES FL 33134 MIAMI FL 33145
US US

2. Principal Place of Business 21 CORAL GABLES YOUTH CENTER Suite, Apt. #, etc. 22 City & State 23 CORAL GABLES, FL Zip 24 33134 Country 25 U.S.A	26. Mailing Address 26 611 S.W. 47 COURT Suite, Apt. #, etc. 27 City & State 28 MIAMI, FL Zip 29 33134 Country 30 U.S.A
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3. Date Incorporated or Qualified 05/03/1967	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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 JOSEPHINE HANCHAY 83 Street Address (P.O. Box Number is Not Acceptable) 84 611 S.W. 47 COURT 85 City 86 MIAMI 87 FL 88 Zip Code 89 33134
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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 Josephine Hanchay DATE 1/8/98

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FREEMAN, GERTRUDE 4214 ANN COURT MIAMI FL 33133 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	JOSEPHINE HANCHAY 611 SW 47 COURT MIAMI, FL 33134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SILVERSTEIN, JANICE 1765 SW 24 AVENUE MIAMI FL 33145 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VP JANICE SILVERSTEIN 1765 SW 24 AVE MIAMI, FL 33145 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPM CAMPBELL, ANN 6280 SW 16 TERRACE MIAMI FL 33155 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ANGELICA, ANITA 7824 SW 35 TR MIAMI FL 33155 <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SS BOHN, MARGARET 1400 SW 27 AVE #406 MIAMI FL 33145 <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	PD MARGARET BOHN 1400 SW 27 AVE #406 MIAMI, FL 33145 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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: Josephine Hanchay DATE 1/8/98 305.444.1002

CR2E037 (10/97)