

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 736128 (0)

1. Corporation Name

COOPER CITY CHAPTER #2568 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.



Principal Place of Business

5155 S.W. 90 AVENUE
COOPER CITY FL 33328

Mailing Address

5155 S.W. 90 AVENUE
COOPER CITY FL 33328

3. Date Incorporated or Qualified
06/16/1976

3a. Date of Last Report
09/25/1995

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

Country

29

Zip

30

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SINZ, ED
5121 SW 92 AVENUE
COOPER CITY FL 33328

81

Name

Virginia I. Madson

82

Street Address (P.O. Box Number is Not Acceptable)

11277 S.W. 58th Pl.

83

84

City

Cooper City

FL

85

Zip Code

33330

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 Virginia I. Madson

Virginia I. Madson (Madson) 2-12-96

Signature, typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent Signature required when translating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WILSON, GLADYS	
STREET ADDRESS	5155 S.W. 90 AVENUE	
CITY - ST - ZIP	COOPER CITY FL 33328	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	GORDINIER, GLORIA	
STREET ADDRESS	7504 TAFT STREET	
CITY - ST - ZIP	HOLLYWOOD FL 33024	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SINZ, ED	
STREET ADDRESS	8966 S.W. 52ND STREET	
CITY - ST - ZIP	COOPER CITY FL 33328	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	WERNER, PHYLLIS	
STREET ADDRESS	9449 S.W. 51ST STREET	
CITY - ST - ZIP	COOPER CITY FL 33328	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	ALTAIRE, SHIRLEY	
STREET ADDRESS	5881 SW 112 WAY	
CITY - ST - ZIP	COOPER CITY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	VD
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	TD
3.2 NAME	Virginia I. Madson
3.3 STREET ADDRESS	11250 SW 58th Pl
3.4 CITY - ST - ZIP	Cooper City FL 33330
4.1 TITLE	SD
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
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 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: Virginia I. Madson Virginia I. Madson 2-12-96 954-680-2233

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)