


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 29 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 739009 (9)
1. Corporation Name
**WEST BOCA CHAPTER #2643 OF AMERICAN ASSOCIATION
OF RETIRED PERSONS, INC.**



Principal Place of Business 16420 CHERRY WAY DELRAY BCH FL 33484 US	Mailing Address 16420 CHERRY WAY DELRAY BCH FL 33484-6607 US
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2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 05/11/1977		3a. Date of Last Report 03/20/1996	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 95-3119566		Applied For <input type="checkbox"/> Not Applicable	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip 29		Country 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent MAIDA, VINCENT 22561 BLUEFIN TRAIL BOCA RATON FL 33428				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 Vincent Maida **1/13/97**
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	<input type="checkbox"/> DELETE		1.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MAIDA, VINCENT			1.2 NAME	Theresa CONTINO, Theresa		
STREET ADDRESS	22561 BLUE FIN TRAIL			1.3 STREET ADDRESS	22699 MERIDIANA DR.		
CITY-ST-ZIP	BOCA RATON FL			1.4 CITY-ST-ZIP	BOCA RATON, FL. 33433		
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BASIL, IAMPIETRO			2.2 NAME	Hickey, Agnes		
STREET ADDRESS	8816 JARED WAY			2.3 STREET ADDRESS	22615 SW 66 AVE.		
CITY-ST-ZIP	BOCA RATON FL			2.4 CITY-ST-ZIP	BOCA RATON, FL. 33428		
TITLE	TD	<input type="checkbox"/> DELETE		3.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BARBERIO, HELEN			3.2 NAME	CONTINO, Theresa		
STREET ADDRESS	16420 CHERRY WAY			3.3 STREET ADDRESS	22699 MERIDIANA DR.		
CITY-ST-ZIP	DELRAY BEACH FL 33484			3.4 CITY-ST-ZIP	BOCA RATON, FL. 33433		
TITLE	TD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARBERIO, HELEN			4.2 NAME			
STREET ADDRESS	16420 CHERRY WAY			4.3 STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH FL			4.4 CITY-ST-ZIP			
TITLE	SD	<input checked="" type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TEATON, EMMA			5.2 NAME			
STREET ADDRESS	22805 SW 66 AVENUE #102			5.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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: Helen A Barberio **1/13/97**
Tel. 561-496-0073

CR2E037 (9/96)