

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 835771 (7)

1. Corporation Name

LA ASOCIACION NACIONAL PRO PERSONAS MAYORES

Principal Place of Business

3325 WILSHIRE BLVD., SUITE 800  
LOS ANGELES CA 90010

Mailing Address

3325 WILSHIRE BLVD., SUITE 800  
LOS ANGELES CA 90010



3. Date Incorporated or Qualified  
02/10/1976

3a. Date of Last Report  
04/18/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number  
95-6527300

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

10. Name and Address of New Registered Agent

GONZALEZ, ISABEL  
1150 S.W. 1ST. ST., SUITE 113  
MIAMI FL 33130

81 Name  
MARIA MIYARES

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

83 1150 S.W. 1st.St., Suite 113

84 City

MIAMI,

FL

85 Zip Code  
33130

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

TITLE ☐ DELETE  
NAME S  
STREET ADDRESS GRENIER, THERESE  
CITY-STATE-ZIP 10844 WICKS ST.  
SHADOW HILLS CA

TITLE ☐ DELETE  
NAME T  
STREET ADDRESS RODRIGUEZ, HENRY  
CITY-STATE-ZIP 3520 GLENROSE AVE.  
ALTADENA CA

TITLE ☐ DELETE  
NAME PD  
STREET ADDRESS LACAYO, CARMELA G.  
CITY-STATE-ZIP 10844 WICKS ST  
SHADOW HILLS CA

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS LYON, JUANA  
CITY-STATE-ZIP 1050 W. LAGUNA AZUL AVE  
MESA AZ

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E037 (12/95)

4-6-96