

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90046 036 ****61.25

DOCUMENT # 835771

1. Corporation Name

LA ASOCIACION NACIONAL PRO PERSONAS MAYORES

Principal Place of Business

~~3325 WILSHIRE BLVD., SUITE 800~~
~~LOS ANGELES CA 90010~~

Mailing Address

234 E COLORADO BLVD
SUITE 300
PASADENA CA 91101
US



2. Principal Place of Business

21 234 E. Colorado Blvd.

Suite, Apt. #, etc.

22 Suite #300

City & State

23 Pasadena, CA

Zip

24 91101

Country

25 US

2a. Mailing Address

26 Same as above

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

02/10/1976

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

9. Name and Address of Current Registered Agent

MIYARES, MARIA
1150 S.W. 1ST. ST., SUITE 113
MIAMI FL 33130

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

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
GRENIER, THERESE
STREET ADDRESS
10844 WICKS ST.
CITY-ST-ZIP
SHADOW HILLS CA

TITLE ☐ DELETE

NAME
T
RODRIGUEZ, HENRY
STREET ADDRESS
3520 GLENROSE AVE.
CITY-ST-ZIP
ALTADENA CA

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME
D
LYON, JUANA
STREET ADDRESS
1050 W. LAGUNA AZUL AVE
CITY-ST-ZIP
MESA AZ

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)