

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 # N12334 (1)

1. Corporation Name

LAKES CHAPTER #3837 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business

Mailing Address

HIALEAH SALVATION ARMY HQ
7450 RED ROAD
HIALEAH FL 33014
US

LAKES CH. AARP
P.O. BOX 4164
HIALEAH FL 33014
US



3. Date Incorporated or Qualified

11/27/1985

3a. Date of Last Report

02/24/1995

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

59-2457494

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

BEECH, JOHN A
7200 FAIRWAY DRIVE #24
MIAMI LAKES FL 33014

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.

JOHN A. BEECH

(NOTE: Registered Agent signature required when reinstating)

DATE

MAR 15 1996

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME BEECH, J. A
STREET ADDRESS 7200 FAIRWAY DRIVE #24
CITY-ST-ZIP MIAMI LAKES FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE T ☐ DELETE
NAME JACKSON, LEIGH
STREET ADDRESS 7418 BIG CYPRESS DR.
CITY-ST-ZIP MIAMI LAKES FL

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE S ☐ DELETE
NAME HENKE, RUTH
STREET ADDRESS 7791 W 18TH LN
CITY-ST-ZIP HIALEAH FL

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME PROVENZANO, NANCY
STREET ADDRESS 7028 LOCK ISLE DR. N.
CITY-ST-ZIP MIAMI LAKES FL

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME COLE, JEAN
STREET ADDRESS 7004 CROWN GATE COURT
CITY-ST-ZIP MIAMI LAKES FL

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE VP ☐ DELETE
NAME LEEDS, CARMEN
STREET ADDRESS 7012 CROWN GATE DR
CITY-ST-ZIP MIAMI LAKES FL

6.1 TITLE ☐ Change ☐ Addition

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:

LEIGH JACKSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEIGH JACKSON

Date

3/18/96

Daytime Phone #

305-822-3657

CR2E037 (12/95)