

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 25 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N12334** (1)

1. Corporation Name

**LAKE CHAPTER #3837 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.**

Principal Place of Business <b>HIALEAH SALVATION ARMY HQ 7450 RED ROAD HIALEAH FL 33014 US</b>	Mailing Address <b>LAKE CH. AARP P.O. BOX 4164 HIALEAH FL 33014-0164 US</b>
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3. Date Incorporated or Qualified <b>11/27/1985</b>	3a. Date of Last Report <b>03/25/1996</b>
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2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country	4. FEI Number <b>59-2457494</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
		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

## 10. Name and Address of New Registered Agent

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

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>FL</b>
<b>85</b> 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

Sign or type, 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	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BEECH, J. A</b>	1.2 NAME	
STREET ADDRESS	<b>7200 FAIRWAY DRIVE #24</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI LAKES FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JACKSON, LEIGH</b>	2.2 NAME	
STREET ADDRESS	<b>7418 BIG CYPRESS DR.</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI LAKES FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HENKE, RUTH</b>	3.2 NAME	<b>S BARNES, JOAN</b>
STREET ADDRESS	<b>7791 W 18TH LN</b>	3.3 STREET ADDRESS	<b>14140 Cypress Ct.</b>
CITY - ST - ZIP	<b>HIALEAH FL</b>	3.4 CITY - ST - ZIP	<b>Miami Lakes, FL 33014</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PROVENZANO, NANCY</b>	4.2 NAME	<b>GRECO, DOROTHY</b>
STREET ADDRESS	<b>7028 LOCK ISLE DR. N.</b>	4.3 STREET ADDRESS	<b>15499 N. Miami Lakeway #206</b>
CITY - ST - ZIP	<b>MIAMI LAKES FL</b>	4.4 CITY - ST - ZIP	<b>Miami Lakes, FL 33014</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>COLE, JEAN</b>	5.2 NAME	<b>BARNES, ELTON</b>
STREET ADDRESS	<b>7004 CROWN GATE COURT</b>	5.3 STREET ADDRESS	<b>14140 Cypress Ct.</b>
CITY - ST - ZIP	<b>MIAMI LAKES FL</b>	5.4 CITY - ST - ZIP	<b>Miami Lakes FL 33014</b>
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEEDS, CARMEN</b>	6.2 NAME	
STREET ADDRESS	<b>7012 CROWN GATE DR</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI LAKES FL</b>	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:

**Leigh Jackson**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**3-20-97**

Daytime Phone #

**305-822-3657**

CR2E037 (9/96)