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Apr 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam 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

Mailing Address

**HIALEAH SALVATION ARMY HQ
7450 RED ROAD
HIALEAH FL 33014
US**

**LAKE CH. AARP
P.O. BOX 4164
HIALEAH FL 33014
US**

2. Principal Place of Business

2a. Mailing Address

21 **Miami Lakes Community**

Suite, Apt. #, etc.

22 **Center**

City & State

23 **15151 Montrose Road**

Zip **Miami Lakes** Country **FL**

24 **33014**

25 **Dade**

9. Name and Address of Current Registered Agent

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

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 **Eldon Barnes**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE **February 1, 1998**

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

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

TITLE **T** ☐ DELETE

NAME **JACKSON, LEIGH**
STREET ADDRESS **7418 BIG CYPRESS DR.**
CITY-ST-ZIP **MIAMI LAKES FL**

TITLE **S** ☐ DELETE

NAME **BARNES, JOAN**
STREET ADDRESS **14140 CYPRESS CT**
CITY-ST-ZIP **MIAMI LAKES FL**

TITLE **D** ☒ DELETE

NAME **GRECO, DOROTHY**
STREET ADDRESS **15499 N MIAMI LAKEWAY #208**
CITY-ST-ZIP **MIAMI LAKES FL**

TITLE **D** ☐ DELETE

NAME **BARNES, ELDON**
STREET ADDRESS **14140 CYPRESS CT**
CITY-ST-ZIP **MIAMI LAKES FL**

TITLE **VP** ☒ DELETE

NAME **LEEDS, CARMEN**
STREET ADDRESS **7012 CROWN GATE DR**
CITY-ST-ZIP **MIAMI LAKES FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☒ Change ☐ Addition

NAME **Corresponding Sec'y**
STREET ADDRESS **Alan Beech**
CITY-ST-ZIP **7200 Fairway Drive #24**
Miami Lakes FL 33014

2.1 TITLE **D** ☐ Change ☐ Addition

NAME **Treasurer**
STREET ADDRESS **Leigh Jackson**
CITY-ST-ZIP **7418 Big Cypress Drive**
Miami Lakes FL 33014

3.1 TITLE **D** ☒ Change ☐ Addition

NAME **Recording Sec'y Joan Barnes**
STREET ADDRESS **14140 Cypress Court**
CITY-ST-ZIP **Miami Lakes FL 33014**

4.1 TITLE **D** ☐ Change ☒ Addition

NAME **VP**
STREET ADDRESS **Lucille Hudak**
CITY-ST-ZIP **14000 Alamanda Ave.**
Miami Lakes, FL 33014

5.1 TITLE **D** ☒ Change ☐ Addition

NAME **P Eldon Barnes**
STREET ADDRESS **14140 Cypress Ct.**
CITY-ST-ZIP **Miami Lakes FL 33014**

6.1 TITLE **D** ☐ Change ☒ Addition

NAME **Virginia Cox**
STREET ADDRESS **17321 NW 51 Place**
CITY-ST-ZIP **Miami FL 33183 or 33185**

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.

SIGNATURE: **Eldon Barnes**

Eldon Barnes 2/1/98 305-821-7440

CR2E037 (10/97)