

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



STATE OF FLORIDA
DEPARTMENT OF REVENUE
CORPORATION

APPROVED
AND
FILED

DOCUMENT # **N19663 (6)**

**OPA-LOCKA CHAPTER #4005 AMERICAN ASSOCIATION OF
RETIRED PERSONS, INC.**

COMMERCIAL CODE

STATE OF FLORIDA
TREASURER, FLORIDA

1. Principal Office Address		2. Mailing Address		3. Date incorporated or Qualified		3a. Date of Last Report	
18501 NW 7TH AVE MIAMI FL 33189		2301 NW 152ND TERR OPA LOCKA FL 33054 US		03/13/1987		05/27/1994	
2. Principal Office Telephone		2a. Mailing Address		4. File Number		Approved For	
				59-2649064		Not Applicable	
21. State Agent #		26. State Agent #		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
				<input type="checkbox"/>		<input type="checkbox"/>	
22. City & State		27. City & State		6. Exempt Corporation (marking "Exempt" is not applicable)		\$5.00 May Be Added to Fees	
				<input type="checkbox"/>		<input type="checkbox"/>	
23. City & State		28. City & State		7. Nonprofit with IRS 501(c)(3) Tax Exempt Status		\$68.75 Supplemental Fee Not Required	
				<input type="checkbox"/>		<input type="checkbox"/>	
24. City & State		29. City & State		8. The corporation has liability for intangible tax under S. 199.033 Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/>		<input type="checkbox"/>	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PAYNE, LOUISE 2301 NW 152 TERRACE OPA LOCKA FL 33054				81. Name			
				MS. FREDDIE M. HATTAWAY			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				2767 N.W. 197terr			
				83. City			
				MIAMI			
				84. State			
				FL			
				85. Zip Code			
				33056			
11. Pursuant to the provisions of Sections 607.0105 and 607.0106 Florida Statutes, this newly formed corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such changes were authorized by the corporation's board of directors, officers, as well as the appointment of a registered agent. I am familiar with and accept the obligations of Sections 607.0105 Florida Statutes.							
SIGNATURE: <i>Freddie M. Hattaway</i>				4-25-95			

12. OFFICERS AND DIRECTORS				13. ADDITIONAL OFFICERS AND DIRECTORS			
OFFICE	NAME	STREET ADDRESS	CITY & STATE	OFFICE	NAME	STREET ADDRESS	CITY & STATE
PD	PAYNE, LOUISE	2301 NW 152ND TERR.	OPA LOCKA FL	PD	MS FREDDIE M. HATTAWAY	2767 N.W. 197 TERR	MIAMI, FL 33056
VD	PEMBERTON, DAVID	2520 NW 156TH ST.	OPA LOCKA FL	VD	RUBY N. TOOKS	17120 N.W. 47th Ct	MIAMI, FL 33055
SD	NESBITT, VIVIAN	16240 NW 18TH AVE.	OPA LOCKA FL	SD	MRS VIRGINIA TRESVANT	14260 N.W. 21th Ct	OPA-LOCKA, FL
T	WILLIAMS, ARTHUR	16240 NW 18TH AVE.	OPA LOCKA FL		NO CHANGE		
MC	RICHARDSON, WALTER	16401 NW 18TH CT.	OPA LOCKA FL	MC	SYBIL JOHNSON	16125N.W 22CT	OPA-LOCKA, FL
LC	JOHNSON, SYBIL	16125 NW 22ND CT.	OPA LOCKA FL		NO CHANGE		

14. I, the undersigned, certify that the information supplied with this filing is correct, true, and complete, and that the corporation is in compliance with the provisions of Sections 607.0105 and 607.0106 Florida Statutes. I further certify that the information was filed in the annual report or supplemental annual report in true and accurate form 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 treasurer or the person authorized to execute this report as required by Chapter 197 Florida Statutes, and that my name appears on the back of this report if it is stamped or on an attached statement of my address.

SIGNATURE: *Freddie M. Hattaway* FREDDIE M. HATTAWAY 4/25/95 303-624-2156

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR