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Feb 18 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N34569 (6)

1. Corporation Name

SOUTH DADE CHAPTER #4463 OF AMERICAN ASSOCIATION  
OF RETIRED PERSONS, INC.

Principal Place of Business

Mailing Address

1ST NATIONAL BANK  
PIONEER ROOM  
HOMESTEAD FL 33030  
USP.O. BOX 808760 33030  
HOMESTEAD FL 33030-0760  
987 NE 5th Ave  
Homestead Fla

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

24

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29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/06/1989

3a. Date of Last Report

03/18/1996

4. FEI Number

94-3092425

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

10. Name and Address of New Registered Agent

TRANHAM, CLYDE J  
987 NE 5TH VE  
HOMESTEAD FL 33030

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

Clyde J. Tranham Pres.

2-12-1997

Signature, 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 D  
NAME RODELY, CLARENCE H.  
STREET ADDRESS 1520 NE 14 ST  
CITY-ST-ZIP HOMESTEAD FL1.1 TITLE VP  
1.2 NAME Ken Johnson  
1.3 STREET ADDRESS 1420 NE 10 ST.  
1.4 CITY-ST-ZIP Homestead FL 33033TITLE D  
NAME SYTSM, THOMAS B  
STREET ADDRESS 20255 SW 280 STREET  
CITY-ST-ZIP HOMESTEAD FL2.1 TITLE D  
2.2 NAME Florentino Gonzales  
2.3 STREET ADDRESS 1635 NW AVE  
2.4 CITY-ST-ZIP Homestead FL 33030TITLE D  
NAME GUNDERSON, ROGER  
STREET ADDRESS 1632 N DOLGENEY LANE  
CITY-ST-ZIP HOMESTEAD FL3.1 TITLE T.  
3.2 NAME Helen Opperkuck  
3.3 STREET ADDRESS 14861 Lincoln Dr  
3.4 CITY-ST-ZIP Homestead FL 33030TITLE D  
NAME PERRY, RUTH E  
STREET ADDRESS 28201 SW 195TH AVE  
CITY-ST-ZIP HOMESTEAD FL4.1 TITLE S.  
4.2 NAME Margie De Domenico  
4.3 STREET ADDRESS 18943 SW 94 AVE  
4.4 CITY-ST-ZIP Miami FL 33157TITLE DP  
NAME TRENTAM, CLYDE  
STREET ADDRESS 987 NE 5TH AVE  
CITY-ST-ZIP HOMESTEAD FL5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE D  
NAME JENSEN, JOHN  
STREET ADDRESS 67 N.W. 22ND STREET  
CITY-ST-ZIP HOMESTEAD FL6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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:

Clyde J. Tranham Pres

2-12-1997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone # 0026340

CR2E037 (9/96)