

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N34569** (6)

1. Corporation Name

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

Principal Place of Business	Mailing Address
<b>1ST NATIONAL BANK PIONEER ROOM HOMESTEAD FL 33030 US</b>	<b>987 NE 5TH AVE HOMESTEAD FL 33030 US</b>

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified	Applied For
<b>10/06/1989</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. FEI Number	Not Applicable
<b>94-3092425</b>	

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>
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**TRANHAM, CLYDE J  
987 NE 5TH AVE  
HOMESTEAD FL 33030**

10. Name and Address of New Registered Agent

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

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. Trantham

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D</b>
STREET ADDRESS	<b>RODELY, CLARENCE H.</b>
CITY - ST - ZIP	<b>1520 NE 14 ST HOMESTEAD FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>DP</b>
STREET ADDRESS	<b>SYTSMA, THOMAS B</b>
CITY - ST - ZIP	<b>20255 SW 280 STREET HOMESTEAD FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D</b>
STREET ADDRESS	<b>GUNDERSON, ROGER</b>
CITY - ST - ZIP	<b>1632 N DOLGENEY LANE HOMESTEAD FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>D</b>
STREET ADDRESS	<b>PERRY, RUTH E</b>
CITY - ST - ZIP	<b>28201 SW 195TH AVE HOMESTEAD FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>DP</b>
STREET ADDRESS	<b>TRENTHAM, CLYDE</b>
CITY - ST - ZIP	<b>987 NE 5TH AVE HOMESTEAD FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>D</b>
STREET ADDRESS	<b>JENSEN, JOHN</b>
CITY - ST - ZIP	<b>67 N.W. 22ND STREET HOMESTEAD FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Addition
1.2 NAME	<b>VP</b>
1.3 STREET ADDRESS	<b>Ms. Martha Lowman</b>
1.4 CITY - ST - ZIP	<b>445 N.W. 13th Street Homestead, FL 33030</b>
2.1 TITLE	<input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Amelia Eunice</b>
2.3 STREET ADDRESS	<b>24700 SW 159 AVE</b>
2.4 CITY - ST - ZIP	<b>Homestead FL 33031</b>
3.1 TITLE	<input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Esther Diaz Granados</b>
3.3 STREET ADDRESS	<b>29921 SW 147 AVE</b>
3.4 CITY - ST - ZIP	<b>Homestead FL 33033</b>
4.1 TITLE	<input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Helen Opferkuck</b>
4.3 STREET ADDRESS	<b>14861 Kline Drive</b>
4.4 CITY - ST - ZIP	<b>Homestead FL 33033</b>
5.1 TITLE	<input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Elizabeth Croy</b>
5.3 STREET ADDRESS	<b>2627 SE 20th place</b>
5.4 CITY - ST - ZIP	<b>Homestead FL 33035</b>
6.1 TITLE	<input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Luis Gamaraz</b>
6.3 STREET ADDRESS	<b>14915 Garfield Drive</b>
6.4 CITY - ST - ZIP	<b>Homestead FL 33033</b>

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: Clyde J Trantham 205-248-2272

CR2E037 (10/97)