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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N34569

1. Corporation Name

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

Principal Place of Business

1ST NATIONAL BANK
PIONEER ROOM
HOMESTEAD FL 33030
US

Mailing Address

987 NE 5TH AVE
HOMESTEAD FL 33030
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

10/06/1989

4. FEI Number

94-3092425

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

TRANTHAM, CLYDE J
987 NE 5TH AVE
HOMESTEAD FL 33030

10. Name and Address of New Registered Agent

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

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 D
NAME RODELY, CLARENCE H.
STREET ADDRESS 1520 NE 14 ST
CITY-ST-ZIP HOMESTEAD FL

TITLE DP
NAME SYTSMA, THOMAS B
STREET ADDRESS 20255 SW 280 STREET
CITY-ST-ZIP HOMESTEAD FL

TITLE D
NAME GUNDERSON, ROGER
STREET ADDRESS 1632 N DOLGENEY LANE
CITY-ST-ZIP HOMESTEAD FL

TITLE VP
NAME LOWMAN, MARTHA
STREET ADDRESS 445 NW 13TH ST
CITY-ST-ZIP HOMESTEAD FL 33030

TITLE T
NAME TRENTAM, CLYDE J. TrunTham
STREET ADDRESS 987 NE 5TH AVE
CITY-ST-ZIP HOMESTEAD FL

TITLE D
NAME EUNICE, AMELIA
STREET ADDRESS 24700 SW 187TH AVE
CITY-ST-ZIP HOMESTEAD FL 33031

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME Betty Gray
1.3 STREET ADDRESS 2527 SE 30TH PL.
1.4 CITY-ST-ZIP Homestead FL 33035-1304

2.1 TITLE S
2.2 NAME Margaret R.A. MIREZ
2.3 STREET ADDRESS 264675 W 126TH AVE
2.4 CITY-ST-ZIP Homestead FL 33032

3.1 TITLE D
3.2 NAME Luis Genarazzo
3.3 STREET ADDRESS 14915 Garsfield Dr.
3.4 CITY-ST-ZIP Homestead FL 33033 2833

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE Clyde J. Truntham

1-13-99

305-248-3376

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)