CORPORATION ANNUAL REPORT 1994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
94 SEP 26 AM 5:26
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N46074

1. Corporation Name
~~Miami~~ Northwest Miami Chapter #4686 of American Association of Retired Persons, Inc.

Mailing Address / Principal Place of Business
2827 N.W. 47 Street
Miami, Florida 33142

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/15/71
3a. Date of Last Report: 4/5/93

2. Mailing Address (21)
2a. Principal Place of Business (26)
4. FEI Number: 00107-0523 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired $8.75 Additional Fee Required ☐
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

City & State (23) / City & State (28)
7. Nonprofit Exempt from $138.75 Supplemental Fee ☐

Zip (24) Country (25) / Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
Holsey Gray, Jr.
2827 N.W. 47th St
Miami, Florida 33142

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 607.0502 and 607.1508 or 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 607.0505 or 617.0503, Florida Statutes.

SIGNATURE Holsey Gray, Jr. DATE 10-7-94
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	P/D Gray, Holsey Jr. 2827 NW 47 Street Miami FL 33142	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	
21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	V/D Gabriel, Robert 1732 NW 59 Street Miami FL 33142	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	
31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	V/D Sands, Elcy 3121 Elizabeth Street Miami, FL 33142	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	
41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	T/D Barbara Rogers 1821 NW 52 Street Miami, F 33142	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	
51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	S/D Johnson, Eloise 2501 NW 55 Terrace Miami, FL 33142	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	
61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	D Nancy Dawkins 1385 NW 50 Street Miami, FL 33142	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	TBA 9/26/94

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 or 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: Holsey Gray Jr. 10-7-94 (305) 638-6645
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR — Date — Daytime Phone #
Holsey Gray, Jr. President