FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 APR -4 AM 8:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N46074

1. Corporation Name

Miami Northwest Chapter # 4686 Of
American Association Of Retired Persons

Principal Place of Business / Mailing Address

2827 N.W. 47th Street
Miami, Florida 33142

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/15/91
3a. Date of Last Report: 4/5/94

4. FEI Number: 00107-0523 — Applied For / Not Applicable

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

ired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required

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. 47 Street
Miami, Florida 33142

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable) SAME
63
64 City — FL — 65 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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, Florida Statutes.

SIGNATURE: Holsey Gray Jr. (HOLSEY GRAY, JR.) — 3-20-95
Signature, typed or printed name of registered agent, if filed applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME / STREET ADDRESS / CITY-ST-ZIP
P/D	Holsey Gray, Jr. 2827 N.W. 47 Street Miami, Fl 33142
V/D	Robert Gabriel 1732 N.W. 59 Street Miami, Fl 33142
V/D	Elry Sands 3121 Elizabeth Street Miami, Fl 33133
T/D	Barbara Rogers 1821 N.W. 52nd St. Miami Fl 33142
S/D	Eloise Johnson 2501 N.W. 55th Terr Miami, Fl 33142
D	Nancy Dawkins 1385 N.W. 50th Street Miami, Fl 33142

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE — ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE — ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE — ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE — ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

300001448563
-04/06/95--01008--006
****130.00 ****130.00

5.1 TITLE — ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE — ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

RC

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 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: Holsey Gray Jr. · Holsey Gray, Jr. — 3/20/95 — (305) 638-0645
SIGNATURE AND TYPED OR PRINTED NAME OF PRESIDENT OR OTHER OFFICER OR DIRECTOR — Date — Daytime Phone #