FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # N 46074

1. Corporation Name
NORTHWEST MIAMI AARP CHAPTER # 4686
*(AMERICAN ASSOCIATION OF RETIRED PERSONS)

500001894655
-07/16/96--01080--042
***61.25

Principal Place of Business
HADLEY PARK
1300 N.W. 50 ST.
MIAMI, FLORIDA 33142

Mailing Address
2827 N.W. 47 ST.
MIAMI, FL 33142

3. Date Incorporated or Qualified: 11-15-1991
3a. Date of Last Report: 4-4-1995

2. Principal Place of Business
21 HADLEY PARK
22 Suite Apt. #, etc: 1300 N.W. 50 ST
23 City & State: MIAMI, FLORIDA
24 Zip: 33142
25 Country: U.S.A.

2a. Mailing Address
26 SAME AS ABOVE
27 Suite, Apt. #, etc
28 City & State
29 Zip
30 Country

4. FEI Number: 00-1070523 ☐ 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

6. 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 ST.
MIAMI, FLORIDA 33142

10. Name and Address of New Registered Agent

81 Name: ELRY T. SANDS
82 Street Address (P.O. Box Number is Not Acceptable): 3121 ELIZABETH STREET
83: MIAMI
84 City: MIAMI FL 85 Zip Code: 33133

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: Elry T. Sands (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 7/7/96

12. OFFICERS AND DIRECTORS

TITLE	V/D	☒ DELETE
NAME	GABERT GABRIEL	
STREET ADDRESS	1732 N.W. 49 ST.	
CITY-ST-ZIP	MIAMI, FLORIDA 33142	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☒ Change ☐ Addition

11 TITLE	P/D	
12 NAME	HOLSEY GRAY, JR.	
13 STREET ADDRESS	2827 N.W. 47 ST.	
14 CITY-ST-ZIP	MIAMI, FL 33142	
21 TITLE	P/D	☒ Change ☐ Addition
22 NAME	ELRY T. SANDS	
23 STREET ADDRESS	3121 ELIZABETH ST.	
24 CITY-ST-ZIP	MIAMI, FL 33133	
31 TITLE	V/D	☒ Change ☐ Addition
32 NAME	ELOISE JOHNSON	
33 STREET ADDRESS	2501 N.W. 53 TERR	
34 CITY-ST-ZIP	MIAMI, FLORIDA 33142	
41 TITLE	V/D	☐ Change ☒ Addition
42 NAME	RUDOLPH MARKS	
43 STREET ADDRESS	1734 N.W. 49 ST.	
44 CITY-ST-ZIP	MIAMI, FLORIDA 33142	
51 TITLE	T/D	☐ Change ☒ Addition
52 NAME	BARBARA ROGERS	
53 STREET ADDRESS	1821 N.W. 52 STREET	
54 CITY-ST-ZIP	MIAMI, FLORIDA 33142	
61 TITLE	S/D	☐ Change ☒ Addition
62 NAME	OLLIE WILLIAMS	
63 STREET ADDRESS	780 N.W. 57 STREET	
64 CITY-ST-ZIP	MIAMI, FLORIDA 33127	7-15-96

CR2E037 (12/95)

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.) 7-7-96 (305) 638-0645
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #