

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 16, 2002 8:00 am**  
**Secretary of State**

09-16-2002 90104 013 \*\*\*\*61.25

**DOCUMENT # N46074**

1. Entity Name

**NORTHWEST MIAMI CHAPTER #4686 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.**

Principal Place of Business

Mailing Address

**HADLEY PARK  
 1300 NW 50TH ST.  
 MIAMI FL 33142**

**2501 NW 55 TERR  
 MIAMI FL 33142  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**00-1070523**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HART, WILLARD  
 1878 N.W. 56 ST  
 MIAMI FL 33142**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,  
 min. will be \$236.25.**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
 NAME PD  
 STREET ADDRESS HART, WILLARD  
 CITY-ST-ZIP 1878 N.W. 56 ST  
 MIAMI FL 33142

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME VPD  
 STREET ADDRESS DEAN, LEONARD  
 CITY-ST-ZIP 2400 N.W. 98 ST  
 MIAMI FL 33142

TITLE ☒ Change ☐ Addition  
 NAME ROBINSON, LOVENIA  
 STREET ADDRESS 2400 N.W. 62 ST.  
 CITY-ST-ZIP MIAMI, FL. 33142

TITLE ☐ Delete  
 NAME VPD  
 STREET ADDRESS GIBSON, WILLIE M  
 CITY-ST-ZIP 9250 N.W. LITTLE RIVER BLVD  
 MIAMI FL 33147

TITLE ☒ Change ☐ Addition  
 NAME VPD  
 STREET ADDRESS ROBERT GABIEL  
 CITY-ST-ZIP 1732 N.W. 59 ST.  
 MIAMI, FL. 33142

TITLE ☐ Delete  
 NAME S  
 STREET ADDRESS JOHNSON, ELOISE S  
 CITY-ST-ZIP 2501 NW 55TH TERRACE  
 MIAMI FL 33142

TITLE ☒ Change ☐ Addition  
 NAME S  
 STREET ADDRESS JAMES, VANIKIA  
 CITY-ST-ZIP 1419 N.W. 55 TERR  
 MIAMI, FL. 33142

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Willard Hart*

9-1-02 (305) 634-5644

CR2E037 (4/02)

*Attachments*  
**TRUSTEES**

**2002**

*a80837*

*#N46078*

**NANCY DAWKINS**

**1385 N. W. 50th ST**

**MIAMI FL. 33142**

**ELRY T. SANDS**

**3121 ELIZABETH ST.**

**MIAMI FL. 33133**

**ELOISE S. JOHNSON**

**2501 N. W. 55 TERR**

**MIAMI FL. 33142**