2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46074

Jul 29, 2007 Secretary of State

Entity Name: NORTHWEST MIAMI CHAPTER #4686 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

Current Principal Place of Business: New Principal Place of Business: 1520 N.W. 132 STREET MIAMI, FL 331671635 **Current Mailing Address: New Mailing Address:** 1520 N.W. 132 STREET MIAMI, FL 331671635 FFI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SYMONETTE, ELAINE G AUSTIN, HELEN B MS 1520 N.W. 132 STREET 1520 N.W. 132 STREET MIAMI, FL 331671635 US MIAMI, FL 331671635 US 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. SIGNATURE: HELEN AUSTIN 07/29/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition SYMONETTE, ELAINE Name: Name: 1520 N.W. 132 STREET Address: Address: City-St-Zip: MIAMI, FL 331671635 City-St-Zip: Title: Title: () Delete () Change () Addition Name: WILLIAMS, LILLIE M Name: Address: 1180 NW 50TH ST Address: City-St-Zip: MIAMI, FL 33142 City-St-Zip: Title: () Delete Title: () Change () Addition MITCHELL, GLADY Name: Name: 1190 NW 49TH ST Address: Address: City-St-Zip: MIAMI, FL 33167 City-St-Zip: Title: () Delete Title: () Change () Addition DAMES, VENEKA Name: Name: 1419 NW 55 TERR Address: Address: City-St-Zip: MIAMI, FL 33142 City-St-Zip: Title: Title: () Delete () Change () Addition DAVIS, LILLIE Name: Name: 3261 NW 43RD ST Address: Address: City-St-Zip: MIAMI, FL 33142 City-St-Zip: Title: () Delete Title: (X) Change () Addition AUSTIN, HELEN AUSTIN, HELEN B Name: Name: Address: 4240 SW 23RD ST WEST Address: 4240 SW 23RD ST WEST HOLLYWOOD, FL 33023 HOLLYWOOD, FL 33023 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HELEN AUSTIN TRES 07/29/2007