2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46074

FILED Jul 10, 2008 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:	
	. 132 STREET 331671635		23RD STREET RK, FL 33023
Current Mailing Address:		New Mailing Address:	
520 N.W. 132 STREET //IAMI, FL 331671635		4240 SW 23RD STREET WEST PARK, FL 33023	
	ice with s. 607.193(2)(b), F.S., the corporation did not recei	-	ce.
ame and	Address of Current Registered Agent:	Name and	I Address of New Registered Agent:
AUSTIN, HELEN B MS 520 N.W. 132 STREET MAMI, FL 331671635 US		AUSTIN, HELEN B MS 4240 SW 23RD STREET WEST PARK, FL 33023 US	
	e named entity submits this statement for the purpos e of Florida.	se of changing	its registered office or registered agent, or both,
BIGNATURE:			07/10/2008
	Electronic Signature of Registered Agent		Date
FFICER	S AND DIRECTORS:	ADDITION	NS/CHANGES TO OFFICERS AND DIRECTOR
itle: lame: ddress: tity-St-Zip:	P (X) Delete SYMONETTE, ELAINE 1520 N.W. 132 STREET MIAMI, FL 331671635	Title: Name: Address: City-St-Zip:	() Change () Addition
tle: ame: ddress: ity-St-Zip:	V () Delete WILLIAMS, LILLIE M 1180 NW 50TH ST MIAMI, FL 33142	Title: Name: Address: City-St-Zip:	P (X) Change () Addition WILLIAMS, LILLIE M 1180 NW 50TH ST MIAMI, FL 33142
tle: ame: ddress: ity-St-Zip:	V () Delete MITCHELL, GLADY 1190 NW 49TH ST MIAMI, FL 33167	Title: Name: Address: City-St-Zip:	() Change () Addition
tle: ame:	S () Delete DAMES, VENEKA 1419 NW 55 TERR	Title: Name: Address:	() Change () Addition
ddress:	MIAMI, FL 33142	City-St-Zip:	
ddress: ity-St-Zip: tle: ame: ddress: ity-St-Zip:		City-St-Zip: Title: Name: Address: City-St-Zip:	() Change () Addition

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 MS 07/10/2008