

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46074

FILED  
Apr 20, 2009  
Secretary of State

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

**Current Principal Place of Business:**

4240 SW 23RD STREET  
WEST PARK, FL 33023

**New Principal Place of Business:**

**Current Mailing Address:**

4240 SW 23RD STREET  
WEST PARK, FL 33023

**New Mailing Address:**

**FEI Number:** 61-1564441

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

AUSTIN, HELEN B MS  
4240 SW 23RD STREET  
WEST PARK, FL 33023 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: WILLIAMS, LILLIE M  
Address: 1180 NW 50TH ST  
City-St-Zip: MIAMI, FL 33142

Title: V ( ) Delete  
Name: MITCHELL, GLADY  
Address: 1190 NW 49TH ST  
City-St-Zip: MIAMI, FL 33167

Title: S ( ) Delete  
Name: DAMES, VENEKA  
Address: 1419 NW 55 TERR  
City-St-Zip: MIAMI, FL 33142

Title: AS ( ) Delete  
Name: DAVIS, LILLIE  
Address: 3261 NW 43RD ST  
City-St-Zip: MIAMI, FL 33142

Title: T ( ) Delete  
Name: AUSTIN, HELEN  
Address: 4240 SW 23RD STREET  
City-St-Zip: WEST PARK, FL 33023 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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 B AUSTIN

MS

04/20/2009

Electronic Signature of Signing Officer or Director

Date