FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR 28 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N48924** **(7)**

1. Corporation Name

LIBERTY CITY-MIAMI CHAPTER #4725 OF AMERICAN ASS OCIATION OF RETIRED PERSONS, INC.

Principal Place of Business	Mailing Address
8400 N.W. 25TH STREET MIAMI FL 33147	645 IVES DAIRY RD. #123 MIAMI FL 33179

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/15/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 52-1707929 ☐ Applied For ☐ Not Applicable

21 2. Principal Place of Business	26 2a. Mailing Address: 8400 N.W. 25 AVE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.: Apt 119
23 City & State	28 City & State: MIAMI, FL.
24 Zip / 25 Country	29 Zip: 33147 / 30 Country: U.S.A

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DOUNVEOR BOYD H
645 IVES DAIRY RD #123
MIAMI FL 33179

10. Name and Address of New Registered Agent

81 Name: Esterlene G. Colebrook
82 Street Address (P.O. Box Number is Not Acceptable)
83: 8400 N.W. 25 AVE # 119
84 City: MIAMI, FL 85 Zip Code: 33147

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Esterlene G. Colebrook- PRES. 3/22/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☑ Change ☐ Addition PD
NAME	DOUNVEOR, BOYD H	12 NAME	Esterlene G. Colebrook
STREET ADDRESS	645 IVES DAIRY RD #123	13 STREET ADDRESS	8400 NW 25 Ave #119
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	MIAMI, FL 33147
TITLE	VD	21 TITLE	☑ Change ☐ Addition VD
NAME	HILL, ALTAMESE C.	22 NAME	Wilcox, Lovette
STREET ADDRESS	2726 NW 59TH ST	23 STREET ADDRESS	8400 N.W 25 Ave # 18
CITY ST ZIP	MIAMI FL	24 CITY-ST-ZIP	MIAMI, FL 33147
TITLE	SD	31 TITLE	☑ Change ☐ Addition SD
NAME	WILCHER, AGNES	32 NAME	Moore, Anna Bell
STREET ADDRESS	950 NW 95TH ST #409	33 STREET ADDRESS	2350 N.W. 90th ST
CITY ST ZIP	MIAMI FL	34 CITY-ST-ZIP	MIAMI, FL 33147
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	FOULKES, DORIS	42 NAME	
STREET ADDRESS	3301 NW 95TH AVE	43 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	POINDEXTER, CASSIE	52 NAME	
STREET ADDRESS	2101 NW 60TH ST	53 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	54 CITY ST ZIP	
TITLE	ASD	61 TITLE	☐ Change ☐ Addition
NAME	DELOACH, RUBY	62 NAME	
STREET ADDRESS	5566 NW 63RD ST	63 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	64 CITY ST ZIP	

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)(i), 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: Esterlene G. Colebrook- Esterlene G. Colebrook, 3/22/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

Daytime Phone Number: # 305 696-0544

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