


FILE NOW: FILING FEE IS \$61.25

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Secretary of State

03-01-1999 90201 001 ****70.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N48924					
1. Corporation Name LIBERTY CITY-MIAMI CHAPTER #4725 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.					
Principal Place of Business 8400 NW 25 AVE STREET MIAMI FL 33147 US			Mailing Address 7615 NE 2ND AVE #420 MIAMI FL 33150 US		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 05/15/1992	
21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		4. FEI Number 52-1707929	
21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent MOORE, ANNA BELL 7615 NW 2ND AVE. #420 MIAMI FL 33150				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Lovette Wilcox (NOTE: Registered Agent signature required when reinstating) DATE 2-9-99

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MOORE, ANNA BELL		1.2 NAME	Lovette Wilcox			
STREET ADDRESS	2350 N.W. 90TH STREET		1.3 STREET ADDRESS	8400 N.W. 25 Ave # 18			
CITY-ST-ZIP	MIAMI FL 33147		1.4 CITY-ST-ZIP	Miami FL 33147			
TITLE	VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COLEBROOK, ESTERLENE		2.2 NAME	Archare Stamp			
STREET ADDRESS	8400 N.W. 25TH AVE. #119		2.3 STREET ADDRESS	8400 N.W. 25 Ave. #137			
CITY-ST-ZIP	MIAMI FL 33147		2.4 CITY-ST-ZIP	Miami FL 33147			
TITLE	T	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FINKLEY, MARILYN		3.2 NAME	Esterline Colebrook			
STREET ADDRESS	8400 N.W. 25TH AVE.		3.3 STREET ADDRESS	8400 N.W. 25th Ave #119			
CITY-ST-ZIP	MIAMI FL 33147		3.4 CITY-ST-ZIP	Miami FL 33147			
TITLE	SD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WELCHER, AGNES		4.2 NAME	Anna Bell Moore			
STREET ADDRESS	950 N.W. 95 STREET		4.3 STREET ADDRESS	7615 N.W. 2nd Ave #420			
CITY-ST-ZIP	MIAMI FL 33150		4.4 CITY-ST-ZIP	Miami FL 33150			
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

14. 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 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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** Mrs. Lovette Wilcox Date 2-9-99 Daytime Phone #

CR2E037 (11/98)