

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 DEC 29 AM 9:06

REINSTATEMENT 05



10212005 REIN-NP CR2E099 (6/04)

4. FEI Number
52-1707929
Applied For
Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

DOCUMENT # N48924
1. Entity 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
8400 NW 25 AVE STREET #137
MIAMI, FL 33147 US

2. Principal Place of Business
8400 N.W. 25 AVE
Suite, Apt. #, etc.
MIAMI, FL.
City & State
33147 USA
Zip
Country
3. Mailing Address
8400 N.W. 25 AVE
Suite, Apt. #, etc.
Apt #137
City & State
MIAMI, FL
Zip
Country
33147 USA

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33147
33324

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.
SIGNATURE PETER F. SOUZA
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12/21/05
PETER F. SOUZA
ASSISTANT SECRETARY

FILE NOW!!! FEE IS \$236.25
After January 1, 2006, Fee will be \$297.50
Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAMSEY, MARY 2325 NW 94TH STREET MIAMI, FL 331473041 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ETTA SCREEN 8400 NW 25 AVE #137 MIAMI, FL 33147 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP POINDEXTER, CASSIE 2101 NW 60TH STREET MIAMI, FL 331427823 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ANNABELL MOORE 7615 NW 2ND AVE #420 MIAMI, FL 33150 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MAPP, JUNE PO BOX 470211 MIAMI, FL 332470211 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY 12/30/05--01050--L03 ***245.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MOORE, ANNABELL 7615 NW 2ND AVE., APT. 420 MIAMI, FL 331503589 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COMMUNITY SERVICE COMM. ESTERLINE COLEBROOK 8400 N.W. 25 AVE #119 MIAMI, FL 33147 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.
SIGNATURE: ETTA SCREEN
Signature and typed or printed name of signing officer or director Date 12/27/05 Daytime Phone #