

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 28, 2006 8:00 am**  
**Secretary of State**

03-28-2006 90134 035 \*\*\*\*61.25

**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, APT 137  
MIAMI FL 33147  
US**

Mailing Address

**8400 NW 25 AVE STREET, APT 137  
MIAMI FL 33147  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

**52-1707929**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **SCREEN, ETTA**  
STREET ADDRESS **8400 NW 25 AVE STREET, APT 137**  
CITY-ST-ZIP **MIAMI FL 33147**

TITLE **VP** ☐ Delete  
NAME **MOORE, ANNABELL**  
STREET ADDRESS **7615 N.W. 2ND AVENUE, #420**  
CITY-ST-ZIP **MIAMI FL 33150**

TITLE **S** ☐ Delete  
NAME **MAPP, JUNE**  
STREET ADDRESS **PO BOX 470211**  
CITY-ST-ZIP **MIAMI FL 33247-0211**

TITLE **CSC** ☐ Delete  
NAME **COLEBROOK, ESTERLENE**  
STREET ADDRESS **8400 NW 25 AVE STREET, #119**  
CITY-ST-ZIP **MIAMI FL 33147**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TREASURER** ☐ Change ☒ Addition  
NAME **Nettie Freeman**  
STREET ADDRESS **2437 NW 98 ST**  
CITY-ST-ZIP **MIAMI, FL 33147**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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NAME  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

**3-14-06**

Date

**#305-835-8491**

Daytime Phone #