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May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morthart Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000000526 (1)

1. Corporation Name
CAROL CITY NORTH DADE CHAPTER #5132 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.



Principal Place of Business 18830 NW 44 AVENUE MIAMI FL 33055	Mailing Address 18830 NW 44 AVENUE MIAMI FL 33055
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3. Date Incorporated or Qualified 01/30/1996	
4. FEI Number 52-1947981	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Sulte, Apt. #, etc.	26 Sulte, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent THOMAS, CHARLES W 18830 NW 44 AVENUE MIAMI FL 33055	
81 Name	10. Name and Address of New Registered Agent
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D THOMAS, CHARLES W <i>Board member</i> <input checked="" type="checkbox"/> DELETE President	1.1 TITLE	D PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, CHARLES W	1.2 NAME	BROWN, IRENE V.
STREET ADDRESS	18830 NW 44 AVENUE	1.3 STREET ADDRESS	2725 N.W. 163 ST.
CITY-ST-ZIP	MIAMI FL 33055	1.4 CITY-ST-ZIP	MIAMI, FL 33054
TITLE	D BARRETT, DALE N <i>vice President</i> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VICG PRES. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRETT, DALE N	2.2 NAME	JAMES, ALVONIA
STREET ADDRESS	8461 NW 193 LANE	2.3 STREET ADDRESS	4601 N.W. 183 ST. APT. L-8
CITY-ST-ZIP	MIAMI FL 33015	2.4 CITY-ST-ZIP	MIAMI, FL 33055
TITLE	D BROWN, CAROLINE <i>SECRETARY</i> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SECRETARY <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, CAROLINE	3.2 NAME	GRAY, WILHELMINA P.
STREET ADDRESS	20920 NW 32 COURT	3.3 STREET ADDRESS	1620 N.W. 127 ST.
CITY-ST-ZIP	MIAMI FL 33056	3.4 CITY-ST-ZIP	MIAMI, FL 33167
TITLE	D MCFORD, IRVIN E <i>TREASURER</i> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	TREASURER <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCFORD, IRVIN E	4.2 NAME	MCFORD, IRVIN E.
STREET ADDRESS	17831 NW 47 AVENUE	4.3 STREET ADDRESS	17831 N.W. 47 AVE.
CITY-ST-ZIP	MIAMI FL 33055	4.4 CITY-ST-ZIP	MIAMI, FL 33055
TITLE	D PRATT-HALL, FLORENCE REV.DR. <i>Board member</i> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D PRATT-HALL, FLORENCE REV. DR. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRATT-HALL, FLORENCE REV.DR.	5.2 NAME	PRATT-HALL, FLORENCE REV. DR.
STREET ADDRESS	2201 NW 189 TERRACE	5.3 STREET ADDRESS	2201 N.W. 189 TERR.
CITY-ST-ZIP	MIAMI FL 33056	5.4 CITY-ST-ZIP	MIAMI, FL 33056
TITLE	D BROWN, IRENE V <i>Board member</i> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D THOMAS, CHARLES W. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, IRENE V	6.2 NAME	THOMAS, CHARLES W.
STREET ADDRESS	2725 NW 163 STREET	6.3 STREET ADDRESS	18839 N.W. 44 AVE.
CITY-ST-ZIP	MIAMI FL 33054	6.4 CITY-ST-ZIP	MIAMI, FL 33055

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.

SIGNATURE: IRVIN E. MCFORD *IRVIN E. MCFORD* *TREASURER* *305* *Dep'd 2/1/1998 620-0593*

CR2E037 (10/97)