

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005622

FILED
Mar 21, 2009
Secretary of State

Entity Name: ASSOCIATION OF HIALEAH RETIRED MUNICIPAL EMPLOYEES, INCORPORATED

Current Principal Place of Business:

4225 SW 151 TR.
MIRAMAR, FL 33027 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 2501
PALM CITY, FL 34991 US

New Mailing Address:

FEI Number: 65-1072763

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KLAUSNER, ROBERT D
10059 N.W. 1ST COURT
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: CHAMBERLAIN, THOMAS R
Address: 4225 SW 151 TR
City-St-Zip: MIRAMAR, FL 33027

Title: DS () Delete
Name: HAMEETMAN, GEORGE
Address: 4489 SW LONG BAY DRIVE
City-St-Zip: PALM CITY, FL 34990

Title: DT () Delete
Name: CICHEWICZ, JAMES
Address: 17108 90 ST NORTH
City-St-Zip: LOXAHATCHEE, FL 33470

Title: DVP () Delete
Name: KIDD, JAMES
Address: 871 SE 2 PLACE
City-St-Zip: HIALEAH, FL 33010

Title: D () Delete
Name: SHATAS, WAYNE
Address: 11150 NW 19 STREET
City-St-Zip: PEMBROKE PINES, FL 33026

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS CHAMBERLAIN

DP

03/21/2009

Electronic Signature of Signing Officer or Director

Date