

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90059 042 ****61.25

DOCUMENT # 712674

1. Entity Name

**GREATER CORAL GABLES CHAPTER #449 OF AARP,
INC.**



Principal Place of Business

**CORAL GABLES YOUTH CENTER
CORAL GABLES FL 33134
US**

Mailing Address

**611 SW 47 COURT
MIAMI FL 33134
US**

40012759



1st MOORE CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6209755

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**C T 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, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** Delete
NAME **HANCHEY, JOSE PHINE**
STREET ADDRESS **611 SW 47 COURT**
CITY-ST-ZIP **MIAMI FL 33134**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **VPD**
STREET ADDRESS **TERRY, CHARLES H JR**
CITY-ST-ZIP **3223 RIVIERA DR
CORAL GABLES FL 33134**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **CPMT**
STREET ADDRESS **SCHAPER, COLLEEN**
CITY-ST-ZIP **13005 SW 113 COURT
MIAMI FL 33176**

TITLE Change Addition
NAME **2ND VPD**
STREET ADDRESS **HANCHEY, WALLACE**
CITY-ST-ZIP **611 SW 47 COURT
MIAMI, FL 33134**

TITLE Delete
NAME **PD**
STREET ADDRESS **ROSENBAUM, HARVEY**
CITY-ST-ZIP **13573 SW 151 TERRACE
MIAMI FL 33186**

TITLE Change Addition
NAME **PD**
STREET ADDRESS **PENZOL, JUAN**
CITY-ST-ZIP **10582 NW 8 LANE
MIAMI, FL 33172**

TITLE Delete
NAME **SPT**
STREET ADDRESS **BELSKY, NORMA**
CITY-ST-ZIP **6300 SW 16 TERRACE
MIAMI FL 33155**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
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 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: *Josephine Hanchey*
JOSEPHINE HANCHEY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/05 305-444-1002

Date

Daytime Phone #