

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**

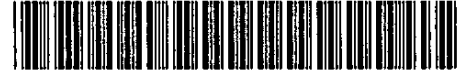
Mailing Address

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

2. Principal Place of Business

3. Mailing Address

40012759



1st MOORE CR2E037 (10/04)

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**
3223 RIVIERA DR
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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

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

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