


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 08:00 AM
Secretary of State

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

DO NOT WRITE IN THIS SPACE



01252008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-6209755	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HANCHEY, JOSE PHINE 611 SW 47 COURT MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TERRY, CHARLES H JR 3223 RIVIERA DR CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VPD PARO, BERNARD L 1211 CAPRI STREET MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HANCHEY, WALLACE 611 SW 47TH COURT MIAMI, FL 33184
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SPT BELSKY, NORMA 6300 SW 16 TERRACE MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/07/08-80047-007 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 JOSEPHINE HANCHEY

Date: 1/29/08 Daytime Phone #: 305-444-1002