2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#712674

FILED Apr 20, 2009 Secretary of State

Entity Name: GREATER CORAL GABLES CHAPTER #449 OF AARP, INC.

Current Principal Place of Business: New Principal Place of Business: CORAL GABLES YOUTH CENTER CORAL GABLES, FL 33134 **Current Mailing Address: New Mailing Address:** 611 SW 47 COURT MIAMI, FL 33134 FEI Number: 59-6209755 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete HANCHEY, JOSE PHINE Name: Name: 611 SW 47 COURT Address: Address: City-St-Zip: MIAMI, FL 33134 City-St-Zip: Title: VPD () Delete Title: VPD (X) Change () Addition Name: TERRY, CHARLES H JR Name: CAMPISI, MICHAEL Address: 3223 RIVIERA DR Address: 10975 SW 107 ST APT 118 City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: MIAMI, FL 33176 Title: 2VPD () Delete Title: () Change () Addition PARO, BERNARD L Name: Name: Address: 1211 CAPRI STREET Address: City-St-Zip: MIAMI, FL 33186 City-St-Zip: Title: PD () Delete Title: () Change () Addition HANCHEY, WALLACE Name: Name: 611 SW 47TH COURT Address: Address: City-St-Zip: MIAMI, FL 33184 City-St-Zip: SPT Title: Title: () Delete () Change () Addition BELSKY, NORMA Name: Name: 6300 SW 16 TERRACE Address: Address: City-St-Zip: MIAMI, FL 33155 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: JOSEPHINE HANCHEY TD 04/20/2009