

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90097 014 ****61.25

0024383

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-6209755**

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

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

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|---------------------|--------------------|----------------|-------------------------------------|
| TD | HANCHEY, JOSE PHINE | 611 SW 47 COURT | MIAMI FL 33134 | <input type="checkbox"/> |
| VPD | KNIGHT, MARGARET | 8440 SW TERRACE | MIAMI FL 33155 | <input checked="" type="checkbox"/> |
| CPMT | CAMBELL, ANN | 6280 SW 16 TERRACE | MIAMI FL 33155 | <input checked="" type="checkbox"/> |
| PD | HANCHEY, WALLACE | 611 SW 47TH COURT | MIAMI FL 33145 | <input type="checkbox"/> |
| SPT | BELSKY, NORMA | 6300 SW 16 TERRACE | MIAMI FL 33155 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|----------------------|----------------------|------------------------|-------------------------------------|-----------------------------------|
| VPD | TERRY, CHARLES H. JR | 3223 RIVIERA DRIVE | CORAL GABLES, FL 33134 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| CPMT | MOORE, IRENE | 915 PALERMO AVE #101 | MIAMI, FL 33134 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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

3/01/03

305-444-1002

CP2E037 (10/02)