2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

DOCUMENT # N00000005288

1. Entity Name

MIAMI RICHMOND HEIGHTS CHAPTER #5312 OF AARP,



Principal Place of Business		Mailing Address							
		11535 SW 142ND ST. RICHMOND HEIGHTS FL 33176-6305				-			
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2. Principal Place of Business 3. Mailin			3. Mailing Address	ailing Address					
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Suite, Apt. #.etc. 11111 Pinkston Drive			Suite, Apt. #, etc.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		MOORE CR2E0	37 (11/03)		
City & State				City & State		4. FEI Number NO-T APPLICABLE Applied For Not Applicable 5. Carrificate of Status Posized S8.75 Additional			
Miami, Florida Zip Country		Miami, Florida Zip Country							
•	176	IISA	33176	USA	5. Certificate of	Status Desired	Fee Require		
33176 IISA 331 6. Name and Address of Current Registered					7. Name and A	ddress of New Registered	Agent		
				Name					
MCN	NABB, LEI	an a the state of	The second district of the second of the second of	Street Addr	ess (P.O. Box Number	is Not Acceptable)	<u> </u>		
1153	35 SW 14	2ND ST.		Cirociyiddi	OSO (F.O. BOX Hamber				
RICHMOND HEIGHTS FL 33176-6305									
				City	···	FI	Zip Code	e	
			the purpose of changing its	egistered office or req	gistered agent, or both,	in the State of Florida. I am	n familiar with,	and accept	
the obligat	tions of registe	ered agent.							
SIGNATURE - SIgnature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
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10.	FILE NOW: Due By	FEE IS \$61.25	Trust Fund C		Added to Fees		rtment of S	State	
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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.

STREET ADDRESS CITY-ST-ZIP

SIGNATU	IDE:
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STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ulysses Harris

02/14/04

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FILED

Mar 02, 2004 8:00 am Secretary of State 03-02-2004 90011 017 ****61.25