

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90126 042 ****61.25



DOCUMENT # N00000005288			
1. Entity Name MIAMI RICHMOND HEIGHTS CHAPTER #5312 OF AARP, INC.			
Principal Place of Business SECOND BAPTIST CHURCH 11111 PINKSTON DRIVE MIAMI FL 33176		Mailing Address 14101 JEFFERSON ST MIAMI FL 33176	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number NO-T APPLICABLE		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MCNABB, LEE 11535 SW 142ND ST. RICHMOND HEIGHTS FL 33176-6305				7. Name and Address of New Registered Agent			
				Name Alexander Washington			
				Street Address (P.O. Box Number is Not Acceptable) 15200 S.W. 109 Ave.			
				City Miami Dade		FL	Zip Code 33176

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: *Alexander Washington*
Alexander Washington (President) DATE: **April 14, 2005**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MCNABB, LEE			NAME	Washington, Alexander		
STREET ADDRESS	11535 SW 142ND ST.			STREET ADDRESS	15200 S.W. 109 Ave.		
CITY-ST-ZIP	MIAMI FL 33176			CITY-ST-ZIP	Miami, Fl. 33176		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CORBETT, GERALDINE			NAME	Hepburn, Robert		
STREET ADDRESS	10773 SW 142ND LANE			STREET ADDRESS	10131 S.W. 152 Terrace		
CITY-ST-ZIP	RICHMOND HEIGHTS FL 33176-6538			CITY-ST-ZIP	Miami, Fl. 33176		
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARRIS, ROSETTA			NAME			
STREET ADDRESS	14101 JEFFERSON ST			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33176			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROBERSON, NED			NAME			
STREET ADDRESS	11501 SW 142ND ST.			STREET ADDRESS			
CITY-ST-ZIP	RICHMOND HEIGHTS FL 33176-6305			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARRIS, ULYSSES JR.			NAME			
STREET ADDRESS	14101 JEFFERSONS ST.			STREET ADDRESS			
CITY-ST-ZIP	RICHMOND HEIGHTS FL 33176			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: *Alexander Washington*
Alexander Washington Date: **April 14, 2005** (305)253-8691
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #