

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90467 001 *****61.25
03-12-2007 90467 002 *****8.75

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01062007 Chg-NP CR2E037 (12/06)

DOCUMENT # N05000000394 1. Entity Name MIAMI DADE-NORTH CHAPTER #5382 OF AARP, INC.					
Principal Place of Business 3842 JASMINE AVE. MIRAMAR, FL 33023			Mailing Address 3842 JASMINE AVE. MIRAMAR, FL 33023		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent Bryant BRIGHT, CHRISTINE M 3842 JASMINE AVE. MIRAMAR, FL 33023			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRYANT, CHRISTINE <input type="checkbox"/> Delete 3842 JASMINE AVE. MIRAMAR, FL 33023		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V THOMAS, PATRICIA <input type="checkbox"/> Delete 9811 NORTH HOLLYBROOK LAKE DR, UNIT 4-103 PEMBROKE PINES, FL 33025		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DEWITT, DOROTHY <input type="checkbox"/> Delete 3260 ENSENADA WAY MIRAMAR, FL 33025		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Delete SANDS, OSWALD 1371 NW 173RD TERRACE MIAMI GARDENS, FL 33169		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Margaret Brown <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3420 N.W. 18th Street Miami Gardens, FL 33056	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	L <input checked="" type="checkbox"/> Delete RAYBOM, YOLANDO 7135 NORTH AUGUSTA DRIVE MIAMI LAKES, FL 33015		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Johnnie Fitzpatrick <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 19610 N.W. 31st Avenue Miami Gardens, FL 33056	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Christine M Bryant</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			March 6, 2007-954987-1261 <small>Daytime Phone #</small>		