

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

04 APR 21 PH 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

66415698



04092004 Chg-NP CR2E037 (10/03)

DOCUMENT # N19663

1. Entity Name
OPA-LOCKA CHAPTER #4005 OF AARP, INC.



Principal Place of Business
2520 NW 156 ST
OPA LOCKA, FL 33054

Mailing Address
2520 NW 156 ST
OPA LOCKA, FL 33054

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
59-2649064

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Filing Fee is \$61.25
Due by May 1, 2004

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 PD ☐ Delete
NAME COVINGTON, GLORIA E
STREET ADDRESS 16135 NW 22 AVE
CITY-ST-ZIP OPA LOCKA, FL 33054

TITLE VPD ☐ Delete
NAME DAVIS, ELIZABETH
STREET ADDRESS 1963 NW 152 TERRACE
CITY-ST-ZIP OPA LOCKA, FL 33054

TITLE D ☐ Delete
NAME PEMBERTON, DAVID
STREET ADDRESS 2520 NW 156 ST
CITY-ST-ZIP OPA LOCKA, FL 33054

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
900033797179
04/26/04--01008--022 **61.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DAVID M. PEMBERTON 4-16-04 305 621-8692