

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

**FILED**  
**May 22, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90020 032 \*\*\*\*61.25

**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**

**55042937**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

**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

*David Pemberton* **DAVID PEMBERTON**

**4-24-2003**

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 **P/D** ☒ Delete  
NAME **CLARK, RUTH**  
STREET ADDRESS **443 NE 210 CIRCLE #203**  
CITY-ST-ZIP **MIAMI FL 33169**

TITLE **S/D** ☒ Delete  
NAME **HANNA, MIZIE**  
STREET ADDRESS **2451 NW 152 ST.**  
CITY-ST-ZIP **OPA LOCKA FL 33054**

TITLE **T/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 **CLORLA E. COVINGTON** ☒ Change ☐ Addition  
NAME **PRESIDENT**  
STREET ADDRESS **1635 NW 22 AVE**  
CITY-ST-ZIP **OPA LOCKA, FL 33054** **D**

TITLE **ELIZABETH DAVIS V.P.** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **1963 NW 152 TERRACE**  
CITY-ST-ZIP **OPA LOCKA, FL 33054** **D**

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

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

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

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:

*David Pemberton* **DAVID PEMBERTON**

**4/24/03 305 621-8692**

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

CR2037 (10/02)