

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

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90024 018 ****61.25

DOCUMENT # N34569

1. Entity Name

SOUTH DADE CHAPTER #4463 OF AARP, INC.



Principal Place of Business

1ST NATIONAL BANK
PIONEER ROOM
HOMESTEAD FL 33030
US

Mailing Address

987 NE 5TH AVE
HOMESTEAD FL 33030
US

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

94-3092425

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

FILE NOW: 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	D	<input type="checkbox"/> Delete
NAME	TRANHAM, HUGH	
STREET ADDRESS	987 NE 5 AVE	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CRAY, BETTY	
STREET ADDRESS	2527 SE 20TH PL.	
CITY-ST-ZIP	HOMESTEAD FL 33035-1308	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLMES, ELBA	
STREET ADDRESS	23105 SW 182 AVE	
CITY-ST-ZIP	MIAMI FL 33170	
TITLE	S	<input type="checkbox"/> Delete
NAME	RAMIREZ, MARGARET	
STREET ADDRESS	26467 SW 126TH AVENUE	
CITY-ST-ZIP	HOMESTEAD FL 33032	
TITLE	T	<input type="checkbox"/> Delete
NAME	TRANHAM, CLYDE	
STREET ADDRESS	987 NE 5TH AVE	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	EUNICE, AMELIA	
STREET ADDRESS	24700 SW 187TH AVE	
CITY-ST-ZIP	HOMESTEAD FL 33031	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sykema Thomas	
STREET ADDRESS	20255 SW 290 ST	
CITY-ST-ZIP	HOMESTEAD, FL 33031	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gunderson Roger	
STREET ADDRESS	1432 NW Goldeneye LN	
CITY-ST-ZIP	HOMESTEAD, FL 33035	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Clyde J. Trantham

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-04

Date

305 248 3376

Daytime Phone #